

WOMEN ORGANIZING FOR WOMEN:
Disjunctures in the Consumption and Provision of Health and Wellness Services
for Single Mothers

by

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ABSTRACT

Current social services provided in Canada for low-income women are primarily 'crisis management' in nature as they almost exclusively provide safe housing, adequate nutrition or employment training, and many are under severe financial pressure due to a shifting public policy. As a result, services offered for single mothers living below the poverty line rarely deal with health promotion in terms of physical activity, even though it has been demonstrated that socioeconomic status is a key determinant of health (Frankish, Milligan & Reid, 1996). Although there are many positive mental and physical health benefits associated with regular physical activity (King 1991), its organizational context remains problematic for those who live in poverty and are unable or unwilling to conform to dominant expectations inherent with the consumption of modern forms of physical activity. A moral reasoning tone pervades prescriptions for maintaining and improving health, and those unable to achieve and maintain good health are considered individually responsible, thus obscuring organizational and structural factors that limit involvement.

The purpose of this case study of the YWCA was to examine the provision and consumption of health and wellness services for low-income single mothers. Research questions were posed in four areas: i) what meanings do low-income single mothers and YWCA service providers associate with the provision of health and wellness services; ii) how are health and wellness services located within the political, social and economic context of the YWCA; iii) are there points of disjuncture between the provision and consumption of health and wellness services for low-income single mothers; and iv) if points of disjuncture are uncovered, what are the possibilities for emancipatory change in service provision?

Several bodies of literature were reviewed to inform the study: social construction of poverty, ideologies of health and physical activity, feminist organization theory, and feminist action research (FAR). FAR is a research process that merges participatory action research with critical feminist theory. Key principles of feminist action research include: 1) gender as a central piece to emerging explanatory frameworks (Maguire, 1987); 2) collaboration and negotiation at all stages of the research process between the researcher, the service providers and the research participants (Green et al., 1995); 3) empowerment through giving control of the research process and decision making to the research participant, while deconstructing the power structures associated with social class (Fals-Borda, 1991; Fawcett, 1991); and 4)

social/organizational action and emancipatory change enabled through the democratic production of knowledge (Green et al., 1995).

The research methodology involved an examination of:

1) The meanings and experiences of eleven low-income single mothers participating in the FOCUS Pre-employment Training Program which has a wellness component. The data collection strategies included focus groups; a validation meeting the original participants; observations during group meetings and program sessions; and informal discussions.

2) The meanings and experiences of five service providers who were either facilitators of FOCUS or occupied management positions in the YWCA. The data collection strategies included one-on-one semi-focused interviews; observations of program meetings, group and informal discussions; and a final meeting to discuss potential change.

3) Relevant documents, including brochures, pamphlets, reports and promotional flyers to obtain background and contextual information about the YWCA.

The data was analyzed using inductive analysis and the qualitative software program, Q.S.R. NUD.IST.

The overall finding was that neither the service providers nor the single mothers viewed wellness as a priority. At the organizational level, the explanation for this finding was that physical activity opportunities were not valued by the funders, whereas employment training was their primary concern. The YWCA's upscale health and wellness services, which offered another opportunity for single mothers to participate, catered on a fee-for-service basis to middle and upper income women and men and pursued a market-driven ideology towards service provision, thus making low-income single mothers' involvement less likely. The social, economic and political context in which FOCUS was situated had a profound influence on the nature of service delivery, and funding constraints were a source of stress for the service providers and infringed on the nature and scope of the services offered for the single mothers.

Themes related to points of disjuncture included the service providers' attitudes towards the provision of health and wellness services. Some providers believed that within the confines of the organizational structure and the FOCUS program guidelines, the physical activity opportunities offered to the women were sufficient. Conversely, other providers believed that the organization could take a more active and

critical role in determining routes for change and establishing stronger connections between health and wellness activities and the other components of the FOCUS program. All of the service providers alluded to the importance of the women's input and the "organic growth" of the program, however the program's strict curriculum and scarce evaluations resulted in a non-collaborative approach to service delivery.

From the single mothers' perspectives, stereotypes of the lazy and unmotivated "welfare single mother" inhibited their involvement in community life, including organized forms of physical activity (Fraser & Gordon, 1994; Lord, 1994; Belle, 1990). The women reported experiences with discrimination, a cycle of poverty, complications with social assistance, social stigmas, and childcare responsibilities as their major constraints. Three main reasons for the women's lack of participation were their low sense of entitlement towards physical activity, their ambivalence towards their bodies, and little access to wellness facilities. However, involvement in health and wellness activities was a low-priority for the FOCUS participants, though some of the single mothers mentioned the desirability of incorporating more regular activity sessions into the FOCUS curriculum.

Other tensions arose between the realities and ideals of feminist organizing. Distinctions based on class, ethnicity and age separated the upper managerial service providers, the on-site facilitators, and the women accessing the program, perpetuating an elitist, non-collaborative and hierarchical organizational structure.

Based on the single mothers and the service providers' suggestions, four major recommendations for change were provided. First, the participants should be central to and fully collaborative in the organizational processes of the YWCA. Second, if the women involved in the program value physical activity, they should determine ways in which it can become a part of their daily reality. Third, for those involved with the planning and implementation of the FOCUS program, the role of the funders vis a vis the needs of the participants should be determined, and a consistent and 'women-centered' approach to service delivery established. Finally, the YWCA's approach to wellness service delivery should be evaluated and re-conceptualized so that it fulfills and is congruent with the YWCA mission statement. What remained unexplored by the service providers was the potential for the women to redefine hegemonic

notions of physical activity (Birrell & Richter, 1987) and to be involved in a meaningful and self-expressive form of activity (Hargreaves, 1990).

By listening to the various perspectives and situating experiences within the organizational, political, economic and social contexts, this study provided the beginnings of a critical understanding of the tensions involved in women organizing for women to promote physical activity.

TABLE OF CONTENTS

	Page
ABSTRACT	ii
TABLE OF CONTENTS	vi
LIST OF FIGURES	x
ACKNOWLEDGEMENTS	xi
 CHAPTER 1 - INTRODUCTION	 1
• Statement of Problem	1
• Purpose of the Study	6
• Research Questions	6
• Delineation of Health and Wellness Services Offered by the YWCA	7
 CHAPTER 2 -LITERATURE REVIEW	 8
• Low-Income Single Mothers: The Construction of Their Realities	8
The Feminization of Poverty	8
The Realities of Living in Poverty	11
Stereotypical Images of Low-Income Single Mothers	12
• The Provision and Consumption of Health and Wellness Services	14
Access to the Health-Related Benefits of Regular Physical Activity	14
The Ideology of Physical Activity and Its Implications on Service Provision	16
• Conceptualizing Feminist Organizations	20
• Merging Theory and Practice	26
Participatory Action Research (PAR)	26
- Historical Background	26
- PAR as a Research Process	27
Towards Feminist Action Research (FAR)	32
- Critical Feminist Theory	32
- FAR as a Research Process	34

Feminist Revisions of “Sport”: Towards Greater Inclusivity and Meaning	36
A Case Study of a Woman’s Organization - The Evolution of the YWCA	38 38
CHAPTER 3 - METHODOLOGY	44
• Evolution of the Research Questions	44
• The Role of the Researcher	45
Declaration of Assumptions	45
Experiences as Researcher	46
Researcher as Collaborator	58
• Selection Processes	49
The Setting	51
Gaining Access to the Research Site	51
• Data Collection Procedures	52
Analysis of relevant documents	52
One on one interviews with the service providers	52
Focus groups with low-income single mothers	53
Observations of services provided to low-income single mothers	54
Validation meeting with the single mothers	55
Communicating results to the service providers	56
Fieldnotes	57
• Actualities and Limitations of a Feminist Action Research Approach	57
• Data Analysis Procedures	61
• Methods for Verification	62
Credibility	63
Transferability	63
Dependability	63
Confirmability	64
• Ethical Considerations	65

CHAPTER 4 - RESULTS	67
• Understanding the Organizational Structure of the YWCA	67
The FOCUS Program	70
- Philosophy of Service Providers	75
- Decision-Making and Evaluations	77
• The Social, Economic and Political Context: Government Funding and the Evolution of the FOCUS Program	80
• The YWCA Wellness Centre: Health and Wellness Service Provision Access to the Facility	87
• Disjunctures Within the Organizational Subcultures of the YWCA	89
• Points of Disjuncture Between the Consumers and Producers of the FOCUS Program	93
Meanings, Experiences and Images of Low-Income Single Mothers	93
- Descriptions of the FOCUS Participants as Needy	93
- Discrimination and Other Barriers	95
- The Cycle of Poverty and Experiences on Social Assistance	97
- Overcoming Stereotypes of the "Welfare Single Mother"	99
- The Single Mothers' Daily Priorities	100
- Childcare	101
- Social Isolation	103
- Self-Reliance	104
Health and Wellness in the Lives of Low-Income Single Mothers	107
- Interest and Involvement in Physical Activity	107
- Body Image and Self-Esteem Issues	111
- The Absence of Health and Wellness Opportunities for Low-Income Single Mothers	113
• Possibilities for Emancipatory Change	117
CHAPTER 5 - CONCLUSION, DISCUSSION AND RECOMMENDATIONS	124
• Understanding the Organization of the YWCA	124
• The Problematics of Women Organizing <i>for</i> Women to Promote Health	126
• The Social, Economic and Political Context of the YWCA	130
• Dominant Ideologies: Shaping <i>Welfare Single Mothers'</i> Realities	132

• Experiences and Meanings of Physical Activity	134
• Feminist Action Research: The Theoretical and Practical Actualities	138
• Merging Perspectives: Possibilities for Change	141
Recommendations for Change	144
• Suggestions for Future Research	145

BIBLIOGRAPHY	147
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APPENDICES	155
Appendix A - Data Analysis Index Tree	156
Appendix B - Consent Forms	157
Appendix C - Information Letter	161
Appendix D - Ethics Approval Form	162

LIST OF FIGURES

		Page
Figure 2.1	Martin's (1990) Characteristics of Feminist Organizations	22
Figure 4.1	Vancouver YWCA Organizational Structure	68
Figure 4.2	Sources of Income to the Vancouver YWCA	69
Figure 4.3	Profile of the Women Accessing the YWCA FOCUS Program	72-3
Figure 4.4	Profile of YWCA Service Providers	76
Figure 4.5	Organizational Structures and Cultures of the YWCA	90
Figure 4.6	Ethnicity of Past FOCUS Participants	94

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-Chapter 1-

INTRODUCTION

Statement of the Problem

The voices and needs of those living in poverty have often remained unheard and have seldom reached public agendas or program initiatives. Current social services provided in Canada for low-income women are primarily crisis management in nature. These services have almost exclusively provided safe housing or adequate nutrition, and many are under severe financial pressure due to shifting public policy. As a result services offered for marginalized people rarely deal with physical activity as a health-promoting behaviour.

...the most disturbing disparities are at the level of recreational activity, where the lowest rates of participation are found among the poor and women of childrearing age, many of whom are the same people (Kidd, 1995).

Women are more likely than men to be poor, and once impoverished, to remain poor for longer periods of time (Boatright, 1987). The feminization of poverty is a societal trend whereby women increasingly bear the burden of poverty. One reason for the growth and depth of poverty experienced by women is that they largely hold disadvantaged and subordinate positions in the labor force, typically working in the service industry thereby earning lower wages and performing more menial tasks (Pearce, 1993). Secondly, women are increasingly becoming single heads of households and are consequently forced to rely on the welfare system or the support of an ex-spouse (Hoffman, 1995).

The discourse around dependency infers that those living below the poverty line have little motivation or self-discipline which perpetuates a number of stereotypes. According to Fraser and Gordon (1994), dependency has become an ideological term that reduces poverty and financial reliance on government services to an individual problem. Thus being dependent on a male breadwinner or on the government has come to mean that

women lack the motivation to support themselves, an interpretation that ignores how gendered power relationships shape conditions of poverty.

In Canada, almost two-thirds of all single mothers live below the poverty line (National Council of Welfare, 1995). Over the last quarter of a century, the number of poor women-maintained families, particularly those with children, has more than doubled and continues to increase at a remarkably steady rate (Boatright, 1987). However, there are problems with using statistical cut-off levels to measure poverty because varying structural, organizational and personal factors are not considered. Nonetheless, there is evidence that low socioeconomic status is linked to many physical and mental health risks (Frankish, Milligan & Reid, 1996; Hertzman, Frank & Evans, 1990; Feinstein, 1993). As identified in the Ottawa Charter (1986), the fundamental conditions and resources for health include shelter, education, food, income, social justice and equity. Higher morbidity and mortality rates are linked to low socioeconomic status and are associated with a lack of physical activity, obesity, smoking, feelings of powerlessness, and low self-esteem (Frankish, Milligan & Reid, 1996).

Equality issues continue to affect involvement and interest in a physical activity and this trend is largely unchanging. For those who are not a part of the consumer class in society, barriers and constraints to physical activity and health and wellness services are prevalent (Ford et al., 1991; Harvey & Donnelly, 1996). This is due in part to the perception that physical activity is a "fringe" benefit, only to be enjoyed by those who have the disposable income and time to participate. Furthermore, a middle and upper class dominant ideology espousing self-responsibility for one's health through the pursuit of an active lifestyle pervades most physical activity initiatives (White et al., 1995).

A moral reasoning tone underlies prescriptions for maintaining and improving health, involving concepts such as self-discipline, self-denial, and willpower. Those unable to achieve and maintain good health through physical activity are considered to be individually responsible, thus obscuring organizational and structural factors that mitigate

against such involvements. Additionally, feelings of not belonging in consumer oriented physical activity settings, body image issues, and unfamiliarity with activities or exercises are commonly cited reasons for low participation rates among women living below the poverty line (YWCA survey results, January 1996; Frisby, Crawford & Dorer, 1997). Thus the availability of and access to unconstrained physical activity continues to be more problematic for women, especially those living in poverty, and racial or ethnic minorities (Henderson & Bialeschki, 1992).

Participation [in physical activity] is still heavily dependent upon the financial resources and cultural capital which class background brings, structured by gender, ethnicity and race (Kidd, 1995).

Undeniably there are many positive mental and physical health benefits associated with regular physical activity, such as increased self-esteem and self-efficacy, improved cardiovascular and musculo-skeletal strength, and decreased anxiety and stress (King, 1991). Yet the context in which physical activity occurs remains problematic for those who live on the margins and are unable or unwilling to conform to dominant expectations inherent in the consumption of modern forms of physical activity. Nevertheless becoming more active can increase one's sense of empowerment, self-worth, independence and control (Henderson & Bialeschki, 1992). Conceivably women who live in poverty could benefit from becoming more physically active by developing a greater sense of control and power over their health and fitness, meanwhile reducing feelings of social isolation. There is a potential for women to redefine hegemonic notions of physical activity and to be involved in a meaningful and self-expressive form of activity.

It is unfortunate that the common notion that health and wellness services are "inessential" for low-income populations breeds financial uncertainties for such services. Resources for public health and wellness services are largely controlled by government funders and associated institutions that continue to perpetuate and legitimize social inequalities. Thus the experiences of marginalized populations are effectively distorted, misunderstood and made invisible. As health and wellness service provision becomes

deemed as less important in mainstream political and social agendas, the arguments for the “minimalist” model of service provision surfaces whereby health and wellness is considered the prime responsibility of the commercial sector (Beckers, 1989; cited in Smale & Reid, 1995). In the current climate of economic restraint that fosters a market-driven form of service provision, health and wellness services previously offered for free or no cost are increasingly being offered on a fee for service basis. Policy makers, eager to ensure the economic viability of their initiatives, have essentially ignored or overlooked low-income women’s issues and concerns (Anderson & Jack, 1993). Attention must be diverted from the traditional, patriarchal, and consumer-oriented assumptions surrounding health and wellness service provision towards the common and diverse issues of all women and the reality of their lived experience.

No challenge is more important to the realization of genuine progress and human liberation than that of providing full social equity in the opportunities for physical activity necessary for healthy, pleasurable and productive life (Kidd, 1995).

Many feminist organizations have an explicit agenda to invert the values of capitalist masculinist organizations (Martin, 1990; Woodul, 1978, cited in Calas & Smirich, 1996) and embrace collectivist decision-making, member empowerment and a political agenda of ending women’s oppression (Ferree & Martin, 1996). An understanding of the characteristics of feminist organizations and inherent ideological and value-based contentions associated with such ways of organizing served as a useful tool for analyzing service provision and consumption and exploring potential routes for emancipatory change. The feminist goals of fostering democratic and caring kinds of organizations that empower participants (Staggenborg, 1995) involve a non-hierarchical and non-bureaucratic organizational structure. Service production and consumption are collaborative processes and distinctions between the “consumer” and the “producer” do not exist. Therefore conceptualizing organizational strategies structures through a feminist lens uncovers

disjunctures between service provision and consumption and reflects marketing concepts in a capitalist economy.

When notions of self-control, self-responsibility and empowerment were applied to low-income single mothers' experiences and understandings of how physical activity might fit into their lives, a number of questions were raised. For example, is it reasonable to assume that women who are exhausted and overburdened with the problems associated with poverty desire to take responsibility for their own health and wellness? Are single mothers collaboratively involved in the production of services? Do organizational tensions and ideological differences exist within the organization, and, if so, how is service delivery affected and what are the consequences of such disjunctures? What impact does the social, economic and political environment have on service delivery and consumption? Do possibilities for positive and meaningful change exist? These questions invoke a critical perspective towards service delivery and consumption meanwhile enabling the voices of those involved in the initiative to be heard.

Feminist action research (FAR) offered a framework for examining these questions. FAR merges critical feminist theory with participatory action research, thereby positioning gender and class centrally in the research. FAR is designed to be a collaborative process between women, service providers concerned about their welfare, and researchers who often control the knowledge production process. Since this study focused on "women organizing for women", gender and class relations were central to the analysis, and the lives, struggles and diversity of the women in the case study organization framed the research process. Those involved in collaborative research strive towards empowerment by sharing control of the research process and ensuring that issues of the disempowered population are addressed. A sense of ownership, collaboration and trustworthiness is encouraged among the research participants to enable emancipatory change.

Feminist action researchers recognize the centrality of oppressive conditions and challenge inequalities in both society and within the research context (Green et al., 1995).

The aim is to share power between the researcher and the community and to gain new respect for control over knowledge development (Maguire, 1987; Reinharz, 1992). Research participants are no longer passive and objectified through the production of knowledge and possibilities for emancipatory change are explored and uncovered in a democratic way.

Little research has been done on the realities of women organizing for women to promote the cause of improved health through physical activity. Nor is much known about the realities of single mothers lives and the place of physical activity within them. The Vancouver YWCA offers an ideal case study site for examining the complexities and tensions related to this topic. The mission statement of the YWCA is to work for the empowerment of today's woman to enable her to reach full potential in body, mind and spirit and to foster self-reliance and mutual support for women (YWCA report, 1995). However, the assumptions underlying this mission statement have yet to be examined from the points of view of all those involved, and such an exploration could lead to a re-conceptualization of existing understandings and applications.

Purpose of the Study

The purpose of this case study is to examine the provision and consumption of health and wellness services for low-income single mothers.

Research Questions

1. What meanings do low-income single mothers and YWCA service providers associate with health and wellness services?
2. How are health and wellness services located within the political, social and economic context of the YWCA?

3. Are there points of disjuncture between the provision and consumption of health and wellness services for low-income single mothers?
4. If points of disjuncture are uncovered, what are the possibilities for emancipatory change in the provision of health and wellness services?

Delineation of Health and Wellness Services Offered by the YWCA

The women involved in this case study were the program participants (low-income single mothers), program facilitators, and YWCA managers. The FOCUS program was an off-site pre-employment training program for young single mothers on social assistance, offering career development, employment training, personal development, and recreation. Within the personal development component there were health and wellness opportunities which included nutrition and fitness discussions, short exercise sessions (mainly walking in downtown Vancouver), and informal discussions. Recreation sessions occurred every Friday afternoon, involving activities such as visits to the YWCA Wellness Centre, visits to local museums or galleries, going to the beach, attending a movie, etc.

YWCA health and wellness services offered at the YWCA Wellness Centre represented another possibility for the single mothers to engage in physical activity. The Wellness Centre was the Vancouver YWCA's central location and housed a large day-care, a pool, several aerobics studios, massage therapy, physiotherapy, and two extensive weight rooms. As well, many of the YWCA's off-site services, including FOCUS, were managed from the administrative floor of the Wellness Centre.

-Chapter 2-

LITERATURE REVIEW

The first section of the literature review frames the study by focusing on the feminization of poverty, the experiences and stereotypical images associated with low-income single mothers, and issues related to domination and powerlessness, thus providing a contextualized understanding of these women's realities. The next section focuses on the provision and consumption of health and wellness services, examining access issues and the social production of self-responsibility and morality through health. Feminist organization theory and feminist action research are then explored as the theoretical and conceptual frameworks underpinning this study. Options for an alternative paradigm are then offered, exploring the linkages between feminist organizations and the production of sport and physical activity. Finally, previous research conducted on the YWCA is reviewed.

Low-Income Single Mothers: The Construction of Their Realities

The Feminization of Poverty

Since the 1970's, there has been a dramatic growth in the number of single-parent families. In 1991, twenty-one percent of all families had a single-parent, and in eighty-two percent of these cases that parent was female (Poverty Profile, 1993). There are many reasons for this gradual shift from the traditional nuclear family of the 1950's. Increasingly divorce, separation and childbirth cause many women to be single mothers, meanwhile single women and lesbian women often chose to be sole-parents. These women are therefore responsible for providing financial, emotional and social support for themselves and their children. Fifty-six percent of single mothers live below the poverty line (The

North Shore Women's Centre, 1991), and their likelihood of living in poverty has serious and negative effects on their health (Belle, 1990).

The only safeguard which stands between most married women and poverty is their husbands' incomes. When this protection fails because the husband cannot earn enough, because the marriage breaks down or because the husband dies, women who spend many years of their lives raising children run a very high risk of falling into poverty (National Council of Welfare, 1990).

According to the National Council of Welfare's report "Women and Poverty Revisited" (1990), women are extremely and increasingly vulnerable to poverty for reasons often beyond their control. The main causes for the feminization of poverty are labour market inequities, marriage breakdown, and motherhood (Women and Poverty Revisited, 1990). Many women hold disadvantaged and subordinate positions in the labor market. For those women who are able to work full-time, sixty-two percent are concentrated in the low-paying clerical, service or sales sectors of our economy, while the average woman earns only seventy percent of what men earn (Women Count - A Statistical Profile of Women in B.C., 1992; Hoffman, 1995; Women and Poverty Revisited, 1990).

Ironically, many employed women are poor in spite of their paid employment (Pearce, 1993). Essentially two options exist for single mothers: they can attempt to work full-time and earn enough money to support their family, or they can receive financial assistance from the government and/or their ex-spouse, thus becoming reliant on another individual or the state for financial survival. The limited education of many single mothers often confines them to low-paying employment and to the "working poor", meanwhile working full-time outside the home can be problematic because childcare and transportation costs absorb much of the income earned. Additionally, the 'double-day' of paid employment and domestic and childcare responsibilities experienced by single mothers causes many of these women to live impoverished, exhausting and stressful lifestyles (Belle, 1990; Hoffman, 1995). Therefore it is often less demanding and problematic for single mothers to stay home rather than to seek a low-paying job.

The welfare dependency experienced by many low-income women has intensified in the later part of this century. Previously, traditional gender roles imposed by patriarchal social structures restricted mothers to be nurturers and homemakers and almost entirely excluded women from work or involvement in the public sphere. Many women were (and still are) dependent on their husbands for financial support and there were clearly defined roles and expectations for both genders. However, the popularization of women's rights, equality and freedom that was born in the early seventies in the second wave of feminism has gradually shifted the relations between women, men and the paid labor force.

Changing gender norms are helping to proliferate new family forms, making the male breadwinner/female homemaker model less attractive to many (Stacey, 1987, 1990; Weston, 1991, cited in Fraser & Gordon, 1994).

Thus, the family wage ideal of the male breadwinner and the female homemaker is no longer hegemonic but competes with alternative gender norms, family forms, and economic arrangements (Fraser & Gordon, 1994). It cannot be assumed that a woman will rely on a man for economic support, nor that mothers should be "workers" (Fraser & Gordon, 1994). Despite the growing number of working mothers, these women often carry a disproportionate burden of the childcare responsibilities and live a self-sacrificing lifestyle to compensate for not being a full-time mother. The worker has become the universal social subject: everyone is expected to "work" and to be "self-supporting". Any adult not perceived as a worker shoulders a heavier burden of self-justification (Fraser & Gordon, 1994).

Surely, "dependence" doesn't define the single mom who does it all: child-rearing, homemaking, and bringing in the money (one way or another). When caregiving is valued and paid, when dependence is not a dirty word, and interdependence is the norm - only then will we make a dent in poverty (Gowens, 1991, 90-91; cited in Fraser & Gordon, 1994).

The current provincial government subsidizes single parents in Vancouver to stay home and raise their children until the youngest is seven years old. However, being dependent on the government elicits connotations of being a failure, being bound by

unpleasant treatments, rules and regulations (Ellwood, 1984), and moral and psychological shortcomings (Fraser & Gordon, 1994; Belle, 1990). As well, for a single parent with one child living in British Columbia, the welfare income received falls significantly below the poverty line (National Council of Welfare, 1995). As estimated by the National Council of Welfare (1995), a parent with one child living in British Columbia should earn \$20, 981 annually to live on the poverty line. Yet welfare subsidies for such a family amount to \$13, 561 annually - a deficit of \$7, 420.

It is important to acknowledge that the experience of poverty is inadequately defined or explored by statistical cut-off points. To be poor infers a host of meanings such as a reliance on bureaucratic institutions such as the welfare system, the public housing authority, the health care system, the courts and health and wellness services. Lord (1994) explained that possible consequences of prolonged dependency on social service systems include feelings of powerlessness, loss of control, and inability to become involved in social activities (Lord, 1994). The results of studies by Lord & Hutchinson (1993) revealed that poverty can have a devastating effect on people's lives:

Women talked about many of their concerns: a loss of control and a perpetuation of dependency on the system, invasion of privacy, being robbed of their self-esteem, being seen as not trustworthy, being blamed for their own misfortunes, and feeling oppressed (Lord & Hutchinson, 1993).

The Realities of Living in Poverty

To understand meanings of physical activity, more must be known about women's daily realities. If service providers do not create opportunities to learn more about the realities of single mothers' lives, their prescriptions for service delivery will likely reflect their own middle class understandings.

Living in poverty imposes a considerable amount of stress on individuals and on families. Those who are poor, particularly women, experience more frequent, more threatening and more uncontrollable life events than does the general population. For example, inadequate housing, dangerous neighborhoods, burdensome responsibilities and

financial uncertainties, are commonplace, all of which are inevitable and potent stressors (Belle, 1990). Living in poverty is associated with financial, parenting and childcare problems, making the daily realities of low-income single mothers difficult and exhausting (Belle, 1990). Additionally, living below the poverty line can be an alienating and isolating experience; many low-income women report feeling socially isolated and unconnected to community life (Lord & Hutchinson, 1993).

The obstacles of women living in poverty who are responsible for raising their children alone are difficult to overcome. Unemployment and underemployment affect both income and the meaning of discretionary time. Women who are disadvantaged economically or dependent on the state for their income lack freedom in realizing the full range of opportunities for leisure (Henderson et al., 1989), hence limiting their access to and involvement in physical activity.

People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health (World Health Organization, Health and Welfare Canada, & Canadian Public Health Organization, 1985:1).

In fact, as long as the economic conditions of women remain below that of men and as long as women remain financially dependent upon middle-class men, or organizations and governments controlled primarily by the middle-class, women will continue to be more constrained in all aspects of their lives, including positive health practices and the freedom, if desired, to enjoy participation in physical activity (Henderson et al., 1989).

Stereotypical Images of Low-Income Single Mothers

It is not wrong to assume that behind every myth and stereotype, there is an underlying truth or at least a certain element of it, though it is not so much stereotypes, as aspects of human thought and representation, that are wrong, but who controls and defines them, and what interests they serve (Vertinsky et al., 1996:7)

There are many negative stereotypes associated with being a low-income single mother. The stereotypes and ideologies surrounding poverty result in assumptions about an individual's inability to make decisions for themselves. The consequence of such

stereotypes predispose a moral reasoning justification for the state and various institutions to control policy and programs because these populations are considered incapable of looking after themselves.

Today dependency is an ideological term....it usually refers to the condition of poor women with children who maintain their families with neither a male breadwinner nor adequate wage and who rely for economic support on government programs, such as Social Assistance (Fraser & Gordon, 1994).

It is implied that women who attempt to raise a family alone have negative shortcomings and are incapable of being a responsible parent. Although issues of power and domination are central to welfare dependency, financial reliance has been inflated into a behavioral syndrome that is viewed as contemptible. Institutionalized dependency resulting from living in poverty have been socially constructed into personality disorders (Fraser & Gordon, 1994; Belle, 1990), thus blaming the victim and obfuscating structural and organizational power relations. Overlooking the forces which perpetuate negative stereotypes can force an individual to accept how she is epitomized, effectively rendering her powerless to change.

Welfare recipients themselves have accepted these [unmotivated, lazy, and immoral] negative concepts, since nearly everyone believes in the Protestant work ethic. The creed of survival of the fittest, which is accepted by so many, exacerbates the problem. Women receiving public assistance are neither fit nor - according to the larger society - believers in the work ethic. Their work as parents has been undervalued or ignored entirely (Pope, 1989:67).

A popularized image of a low-income single mother is that she adopts unhealthy coping strategies (Belle, 1990) to attempt to change her stressful situation. It is believed that in order to dull the pain of its persistence people living in poverty will sometimes abuse drugs and alcohol, overeat and repress their negative thoughts. Another common image of a low-income single mother involves poor self-esteem, little self-control and the manifestation of negative and unhealthy coping strategies (Belle, 1990). These women are stereotyped as becoming caught in an irreversible cycle that they have little control over their lives. However it is essential to remember that poverty can be a result of specific social forces rather than an outcome of some inherent deficiency.

The perpetuation of negative stereotypes can be a self-fulfilling prophecy that shapes a person's reality. A critical examination and re-definition of the experiences of poverty and motherhood would enable single mothers to become active agents of change in their own and their children's lives.

The Provision and Consumption of Health and Wellness Services

Access to the Health-Related Benefits of Physical Activity

According to Canada's Health Promotion Survey (1988), half of Canadian adults are regularly active during their leisure time. Of the remaining half, one quarter of these adults are completely sedentary. Over 5 million Canadians are at risk of health problems which could be avoided or reduced by increased exercise. Research has conclusively found that regular physical activity is an important factor in the maintenance and improvement of physical health and well-being (Frankish, Milligan & Reid, 1995; Shephard, 1995; Zimmer et al., 1995; Campbell Survey, 1988; King et al., 1989).

In examining attitudes toward health and physical activity, the Campbell's Survey of Well-Being in Canada (1988) reported a strong association between an individual's reported level of physical activity and their perceived health status. In addition, among the lifestyle changes Canadians believe would help improve their health, increasing physical activity ranked first (Campbell's Survey of Well-Being in Canada, 1988). At the organizational level, involvement in physical activity is thought to promote social integration through the adoption of shared norms and values (Frisby, Crawford & Dorer, 1997). Typically, however, low-income populations have had little access or involvement in physical activity and have rarely been able to enjoy the positive physical and mental benefits of regular exercise.

...we need to make links with those who have long been left out of Canadian sport and physical activity, to learn from their experiences, incorporate them in our way of viewing "sport", and to help them develop appropriate opportunities for themselves (Kidd, 1995:16).

Many low-income single mothers are run off their feet managing their children and household on meager wages, and have little energy or enthusiasm for physical activity (Hoffman, 1995). According to Frisby & Crawford (1995), low-income women involved in a study in British Columbia were less likely to report perceived control over exercise or satisfaction with their physical health. As well, these women were more likely than middle income women to exercise infrequently or not at all, have lower levels of self-esteem, have lower levels of educational attainment and report that their financial situation had declined in the last 5 years and in comparison to when they were growing up (Frisby & Crawford, 1995).

Harvey and Donnelly's "A Systematic Model of Access and Equity in Active Living" (1996) illustrated the depth of systemic barriers and how physical activity opportunities or constraints are rooted in socioeconomic variables. They differentiated three groupings of barriers. Infrastructural barriers referred to the material means to access and include cost, transportation, time, location, and security. Superstructural barriers are ideas and perceptions regarding a physical activity setting, including the nature of the activities offered, policies in place, lack of knowledge of both participants and facilitators, cultural exposure and familiarity, prejudice and language. Finally, action taken within organizations are procedural barriers such as social support, organizational structure and decision-making processes, and management styles (top-down versus grassroots) (Harvey & Donnelly, 1996).

Harvey and Donnelly (1996) go on to describe how participational and representational access can be increased by minimizing barriers. Participational access can be maximized when groups have information about the services, can cope with registration or other procedures, and encounter facilitators who are sensitive to diversity. Representational access for groups traditionally outside existing systems can be enhanced when the target groups (i.e. low-income single mothers) are included in the service's organizational structure and the decision-making process. Harvey and Donnelly's (1996)

model is a useful tool for transforming traditional modes of providing physical activity services.

Through the use of Harvey and Donnelly's (1996) model an appreciation for a specific population's involvement in physical activity and their fundamental barriers is gained. Although this can be a useful and important first step towards a more analytical and critical understanding, a greater understanding of the structural, organizational, cultural and personal factors is required.

The Ideology of Health and Physical Activity that Underpins Service Provision

Despite the growing evidence of the positive health benefits of physical activity, a relationship which is commonly believed to be a simple one, is in fact complex, multi-faceted, and deeply political (White et al., 1995). In the early 1970's, health was reconceptualized and reframed ideologically as something attainable and sustainable through effort, discipline, and self-control (Rader, 1991; cited in White et al., 1995; Crawford, 1984). Subsequently, ill health has increasingly come to be associated with moral laxity, and the range of behaviours that were potentially labeled as "unhealthy" expanded. Some people are viewed as deviant because they are unhealthy "on purpose" and they have insufficient resolve to exercise more, to quit smoking, and so on (White et al., 1995). The individual's decision to pursue "healthy" or "unhealthy" behaviours evokes a judgment of others and self-blame, and moralizes health under the rubric of self-responsibility (Crawford, 1984).

Whether in the name of health, fitness, or weight loss - themes that become entangled - some disciplined activity is mandated. It is a cultural climate in which people express the desire to be doing more, or guilt about not doing what is now conventionally expected (Crawford, 1984:66)

The social construction of the healthy male and female body is also associated with the ideology of health and ill-health. Such constructions however are largely based on unattainable and often unhealthy body types.

Health is a metaphor for self-control, and body weight is the metaphor within the metaphor: to be healthy is to be thin and to be 'in shape' (Crawford, 1984:70).

Health and wellness services are increasingly appealing to people's desire for control over their bodies, "the body emerges as one of the last sites over which even disempowered individuals can maintain control" (Kroker et al., 1989; cited in White et al., 1995). With the "tyranny of slenderness" (Chernin, 1981; cited in Crawford, 1984) the surface of the body becomes more culturally sensitive and people become increasingly vulnerable to cynical and profit-oriented media campaigns which play on their physical and sexual insecurities (White et al., 1995).

The fitness boom of the 1970s and 1980s often undercut women's self-image: instead of a trend toward health and well-being, the quest became one of perfection, for an image of beauty and body so tyrannically unobtainable that women starved and surgically altered themselves to achieve it (Orenstein, 1994:45).

The fitness industry profits from people's desire for a "hard body" or for the attainment of extreme thinness, and sells a variety of exercise programs, diet regimes, vitamin supplements and exercise equipment and gimmicks for consumers to buy their way towards a better body. Achieving the perfect physique, which every person believes they want, is synonymous with good health, and is supposedly attainable through "self-control, self-discipline, self-denial and will power" (Crawford, 1984:74).

As social historians of weight consciousness have explained, shifts in body ideals and in the attachment of moral value to thinness lie in the desire of members of the middle-class to physically mark themselves as members of the class most capable of hard work, self-denial, asceticism, and clean living. Health has become an important means for the middle class to structure its own class identity (Crawford, 1980).

It follows that the health movement largely draws its adherents from the educated and more financially well-off middle classes. The social construction of bodily ideals is inherent with many health-promoting behaviours, meanwhile much has been made of the supposed dispositional shortcomings of those who fail to engage in health-promoting behaviour (Goldstein, 1992). Unfortunately, athleticism and socially constructed bodily ideals now provide a symbolic vehicle for members of the dominant class to demonstrate

their physical and moral superiority over subordinate groups, particularly women and the working class (White et al., 1995; Wilkes, 1990; Bourdieu, 1993). Those, who for reasons beyond their control have neither the time nor the resources to apply to health management and body sculpting (single mothers, the poor, shift workers) tend to be blamed for their failure to live up to their social responsibility for their own bodies (Labonte, 1982). The 'myopia of classic individualism' (Crawford, 1980:377), creates the illusion that people are equally able to make free choices about their health, when access to resources to do so are unequally distributed by class (Tinning, 1991; cited in White et al., 1995).

The bureaucratic promotion of sport and healthy physical activity has often taken on a paternalistic victim-blaming character that seeks to respond to social and health challenges by an alignment of individuals rather than a structural change in the factors influencing levels of stress, poverty, unemployment, racism and sexism (Vertinsky et al., 1996:4).

Generally, the provision of health and wellness services by the dominant class diverts attention from structural factors such as mass unemployment, chronic poverty, and dangerous work conditions which compromise the health of many, and renders middle-class notions of health and fitness (becoming vegetarian, giving up cigarettes, joining a health club) either materially unachievable or culturally unappealing (White et al., 1995; Wilkes, 1990). Because the middle class controls, directs and produces most health and wellness initiatives, such services are unevenly tilted towards their experiences and understandings. Consequently, opportunities for large sections of the population to work at their health are obscured (White et al., 1995). "The ethic of health is often like the ethic of work... the Protestant world view extends to the body; it invades the domain of leisure" (Crawford, 1984: 67).

The ideology of individual responsibility promotes a concept of wise living which views the individual as essentially independent of her surroundings, unconstrained by social events and processes (Crawford, 1977). This ideology argues that individuals, if

they take appropriate actions and adopt lifestyles which avoid unhealthy behaviours, may prevent most diseases (Crawford, 1977).

The use of such psychological constructs [self-efficacy, internal locus of control] to explain the affinities of the middle-class for participation in the health movement has a tautological quality. At worst this approach is not only misleading but provides the basis for the "victim blaming" of those who do not engage in preventive health behaviour. They are seen as individuals deficient in some psychological trait and hence - at least in part - responsible for any resulting ill health (Goldstein, 1992).

A pervasive victim-blaming and middle-class ideology can render groups voiceless and powerless to remove threats from their lives or to initiate change. As well, the belief that the provision of health and wellness opportunities are "inessential" for low-income populations is spurred from these middle class assumptions. There is a need to reduce expectations and utilization of ineffective and costly services, the necessity instead for individual responsibility, and the requirement for either education or economic sanctions to enlighten and reinforce one's sense of responsibility (Crawford, 1977).

The victim blaming ideology inhibits understandings of the complexities of disease and substitutes instead an unrealistic behavioural model. It both ignores what is known about human behaviour and minimizes the importance of evidence about the environmental assault on health (Crawford, 1977:671).

It remains that the focus of most services for low-income single mothers is on crisis-management skills and how to teach these women a sense of self-responsibility. Through this the women's full integration into the dominant middle-class ideology is ensured.

...even the playing field came to be seen as a potential site for education and class conciliation - sites for the construction of a common culture that would reaffirm the civilizing value of the cultural accomplishments of the privileged classes (Gruneau & Whitson, 1993:15).

Opportunities for low-income single mothers to engage in health-promoting behaviours and to gain participational and representational access (Harvey & Donnelly, 1996) to health and wellness services are obscured by greater structural factors which continue to be overlooked by most service providers. The dominant "victim-blaming" ideology enforces the belief that the individual is responsible for attaining her own health and wellness. Yet, the viability of many health and wellness services is determined by the income generated by

middle and upper class populations. Extending the analysis and potentially challenging the dominant ideology by examining access issues, the suitability of program initiatives, and control, power and decision-making structures are rarely accomplished.

Conceptualizing Feminist Organizations

Habermas (1974) described the "public sphere" as that arena in which the various interests in society engage in discourse related to the establishment of the normative agenda for society. However, typically the interests voiced are those of hierarchical superiors in business, labor, and the professions, mediated or administered by the mass media (Denhardt, 1981). Concerns about the "normative" structure of society are subordinated to the new tasks of political and corporate life, which are to secure the private form of capital utilization, to facilitate the growth of the economy, and to bind the loyalty of the masses to their new condition (Denhardt, 1981:629).

Agency does not reside in abstractions such as organizations, and conceptualizing organizations in abstract, gender-neutral terms is consistent with the processes through which power is organized and entrenches it with those who hold privileged positions (Acker, 1995). Organizing reflects the cultural and social relations that exist in any particular society.

The gender order, like the system of class, ethnic and sexual relations in Canada, is a structure of relations of power and privilege that systematically favors men over women. Like the system of class relations, the gender order is not a monolithic structure so much as a powerful set of limits and pressures (Gruneau & Whitson, 1993). Gender, class, income, sexuality, ethnicity, ability, age and race are crucial social realities that form one's relative power and influence in society. All are influential and meaningful, and almost exclusively, those with power in society belong to the middle and upper classes, are white and are male. However, there has been a growing number of women-run organizations where masculinity is no longer the primary source of power and influence. Class, race and income

are increasingly important considerations when examining the power dynamics within a women's organization.

Feminist organizations were first conceived in the advent of the second wave of feminism in the early 1970s and represented a non-mainstream, non-hierarchical alternative organizing structure and set of relations in which women's issues are central. Feminist organizations attempted to embrace collectivist decision-making, member empowerment, and a political agenda of ending women's oppression (Ferree & Martin, 1995). Feminist organizing occurred in opposition to the existing ways of doing things by contesting hierarchy, bureaucracy, division of labor, timing, and procedures that are already defined (Acker, 1995; Calas & Smirich, 1996; Morgen, 1995). For many women, participation in a feminist organization is part of their feminist identity, although what a feminist organization is has been subjected to heated debates (Freeman, 1995:406). Martin (1990) provided a useful framework for defining the central characteristics of a feminist organizations (see figure 2.1).

Feminist principles of organizing proposed alternative, often separatist, social, political, economic and cultural arrangements that challenged the values of male dominated culture (Koedt et al., 1973; cited in Calas & Smirich, 1996). Through feminist organizing it is believed that women could regain a sense of wholeness and connectedness to the 'authentic feminine' outside of patriarchy through a female counter culture (Calas & Smirich, 1996).

However, it is difficult for feminist organizations, which are often led by white middle class women, to achieve their noble goals. Paradoxes inherent in feminism, such as aiming for individual freedoms by mobilizing gender solidarity, acknowledging diversity among women while positing that women recognize their unity, and requiring gender consciousness for its basis yet calling for the elimination of prescribed gender roles (Cott, 1986; cited in Hyde, 1989), challenged feminist praxis.

Figure 2.1
Martin's (1990) Characteristics of Feminist Organizations

Feminist Ideology	Does the organization officially (or unofficially) endorse feminist beliefs associated with the woman's movement? With which moral, ethical, personal, and political issues is the organization most concerned?
Feminist Values	Does the organization emphasize the importance of mutual caring, support, cooperation, interpersonal relationships, personal growth, development and empowerment? Is work conceptualized as a social, rather than a technical, relationship? Are democracy, fairness, and self-help positively valued?
Feminist Goals	Does the organization have an internal action agenda that helps members see women as an oppressed group and encourages women to change (politically, personally?) Does the organization have an external action agenda aimed at improving women's status or opportunities in society? Does it take steps to pursue these goals?
Feminist Outcomes	Are members transformed by participation in the organization? Does participation change them subjectively or materially? Is society transformed by organizational activities, to women's benefit?
Founding Circumstances	Was the organization founded in the advent of the 'Second Wave' of Feminism (early 1970's)? What date was the organization founded?
Structure	What are the organization's normative internal arrangements? In what ways is the organization bureaucratic, collectivist? How is work divided up and integrated? How are decisions supposed to be made? How are conflicts supposed to be resolved?
Practices	What activities do members (or others) perform in pursuit of internal and external goals? Are practices consistent with feminist ideology, values, and normative structural arrangements? How do members justify their practices? What are the latent functions and practices? What are the semiotics of practice?
Members and Membership	What are the requirements for membership? What are the characteristics of members (e.g. gender, political views, age, race and ethnicity, social class)? What are the categories of members? How are members recruited, affiliated, and terminated?
Scope and Scale	Is the organization local, national (or other) in scope? Is its orientation internal (towards members) or external (toward societal change)? How many different types of activities does it engage in? How many members does it have, how many women does it serve or deal with annually? What size of budget does it have?
External Relations	How is the environment conceptualized? How is the organization linked to its social, cultural, political, and economic environments? How autonomous is it? Where does it obtain funding from? To which external groups and organizations is it linked? What form do linkages take?

How can equality be enacted in the face of differences of class, race, sexuality, education, skills, dependents, financial resources? The identification of a shared set of core values informing organizing activity in the women's movement does not mean that their enactment is unproblematic or uncontentious (Brown, 1992: cited in Calas & Smirich, 1996).

Feminist organizations struggle between theoretical ideals and the difficulties of practice. Although feminist values in action are designed to challenge the impersonality of bureaucracies by blurring the distinction between the personal and the organizational (Calas & Smirich, 1996), 'the rhetoric of equality, the collective decision-making structure, and the explicit goals of women's and community empowerment' confront differences in work styles and class, race and ethnicity conflicts (Morgen, 1994; cited in Calas & Smirich, 1996). It becomes contentious to assume that the overriding goals of feminism are central to all women's lives.

Women's movement organizations take for granted that women have interests in common based on their shared position of subordination within male-dominated societies, and may assume that particular moral and psychological orientations are widely shared by women as well (Leidner, 1991:266).

Feminist organizations often experience internal ideological splits in the women's movement or differences and distrust between women from different racial, sexuality and class backgrounds who express divergent visions, priorities, or interpersonal expectations (Morgen, 1995). Additionally, Leidner (1991) notes:

The National Women's Studies Association's (NWSA) feminist membership has confronted tensions between commonality and difference, and between empowerment and efficiency, in its attempts to put into practice ideals of substantive equality, unity, inclusivity, and participation (Leidner, 1991:273).

It is difficult to assert individual needs within the confines of a woman's organization while maintaining a sense of community and cohesiveness. For example, in Leidner's (1991) study of the NWSA, women of colour and lesbian women argued that allowing their interests to be overruled amounted to racism, heterosexism, or elitism, which was contrary

to the ideals of feminism. These women felt that they should be granted more than equal representation because they had special insights resulting from their unique experiences of oppression. They believed that their understandings of feminist principles were more profound than the majority's (white, heterosexual middle class women) and gave special importance to the priorities they defined (Leidner, 1991). This alternative was perceived by some as undemocratic, as the numerical minorities would gain control of the organizations' direction (Leidner, 1991).

However, what typically occurs in feminist organizations ruled by white middle class women is a perceived obligation to conform rather than challenge, thus perpetuating the cycle of homogeneity in which an elite few influence or make the decisions for all (Hyde, 1989). The assumptions of feminism - that the interests of all women are valid and important, that all forms of oppression must be fought, and that solidarity is a feminist responsibility - make disagreement painful (Leidner, 1991). Traditionally, the underlying norms of homogeneity compounded with the belief that feminism is a "white women's movement," thus inhibiting the participation of poor, low-income and minority women (Hyde, 1989).

Differences in political issues and ideology and the sociopolitical climate of time and place, may create variations in the likelihood that people with disparate life situations will come together. We often see homogeneity via class, race, political position and sexual orientation (Acker, 1995:141).

As well, alternative grassroots services, "opting for participatory democratic processes that are time consuming, emotionally charged, and difficult to sustain" face stiff assaults and declining resource bases compared to most mainstream service organizations (Morgen, 1995). Feminist organizations strive to put the perspectives and practices of women at the center of the analysis, to privilege the perspectives of women, and to problematize "the conventional equation of men with humanity" (Ferguson, 1994; cited in Calas & Smirich, 1996). However, there is irony in using capitalist strategies, such as bureaucratic and hierarchical decision-making processes, as a road to liberation (Woodul, 1978; cited in Calas & Smirich, 1996). Grassroots feminist organizers developed

organizational structures and processes to challenge inequalitarian social relations, yet financial constraints severely activities, structures or goals, and lead to dramatic organizational changes such as increased bureaucratization and decreased political autonomy (Morgen, 1995; Leidner, 1991). This return to more traditional forms of organizing explains how "the primary activity of the organization becomes the maintenance of membership, funds and other requirements of organizational existence" (Zald & Garner, 1987:121; cited in Hyde, 1991).

Outside funding can contribute to hierarchy when core members become paid staff and are perceived by newer members as an elite with illegitimate power. Differences in age, organizing experience, and knowledge can lead to difficulties in maintaining collective practices (Acker, 1995:138).

Indeed financial viability is a concern for many feminist organizations, meanwhile funders dictate the nature and scope of the services offered. Hyde (1989) observed that funders supported the involvement of clinical professionals who would be less likely to engage in or support political actions. A similar dilemma confronts many feminist administrators in that if they hire professionals they risk the alienation of lay experts, whereas if they do not hire professionals they could risk funding withdrawal (Hyde, 1989).

Feminist administrators hope that some balance can be achieved between professional power and feminist praxis; yet, that becomes less likely with the dilution of feminist ideals (Hyde, 1989:175-6).

Hyde (1989) suggests that there is a need to move from the ideals of feminist frameworks to the more complicated reality of feminist praxis. Accordingly, the difficulties of synthesizing theory and practice need to be fully explored and documented (Hyde, 1989). Nonetheless there is a strength and vitality of feminist praxis in that such an approach to practice would nurture both the constituency and practitioners, while recognizing the internal dilemmas of the model and the external constraints that impinge upon the framework (Hyde, 1989).

Merging Theory, Practice and Research

The use of a research design that addresses and involves an understanding of feminist organizations and feminist theory and that incorporates the perspectives of the research participants, the service providers and the researcher must be adopted for a fully integrative and rounded understanding of the YWCA. Feminist action research (FAR), which evolved from participatory action research (PAR), enabled the researcher to consider different and opposing perspectives, to document sites of tension and disjuncture, and to uncover potentially powerful strategies for emancipatory change. Many of the principles that underpin feminist organizations are the basis for the theoretical foundations of FAR and PAR. However the time and financial commitment required for the full implementation of a FAR project is unfeasible given the scope of this case study, therefore aspects of FAR were drawn upon as an “orientating framework”.

Participatory Action Research

Historical Background

Issues of power, control and dependency are central to participatory action research (PAR), a research process that was designed to generate knowledge through collaborative learning and consciousness raising with the aim of mobilizing for social action (Gaventa, 1988). Ideas central to PAR have been evolving and developing since the 1940s, when processes of knowledge development and action were first combined (Green et al., 1995). PAR arose during an era of reflection and self-questioning within social research. At issue were the purposes of research, definitions of objectivity, power relationships between researchers and those being researched, ownership of research results, and the ethics of data collection and reporting (Fals Borda & Rahman, 1991; Maguire, 1987; Green et al., 1995). PAR grew from community development and adult education traditions where domination and oppression were central to social problems such as poverty for which

researchers and community developers were seeking solutions (Green et al., 1995). To achieve sustainable results, the researchers felt the community needed to develop a sense of ownership and the skills to face those struggles. This empowerment process was designed to actively involve the researchers in social movements and in the conflicts between oppressed and oppressors (Green et al., 1995). Participatory researchers emphasized the exchange between researchers and researched about an expected outcome of action and the aim of "liberating knowledge" (Fals Borda & Rahman, 1991:4).

By the late 1970s PAR work was underway throughout the world. Over the last twenty years PAR has served as a tool of the aboriginal movement in Canada, particularly concerning health and economic issues (Jackson, 1993, cited in Green et al., 1995). PAR continues to develop in different parts of the world with various interest groups interested in linking research with community action and empowerment. Researchers often attempt to address issues involving the tension between employing rigorous methodology and retaining the values of social action (Tolan et al., 1990; cited in Green et al., 1995) and practical issues such as encouraging the participation of traditionally under-represented populations (Green et al., 1995).

PAR as a Research Process

Participatory action research strives to validate and legitimate the daily experiences of those being researched. PAR aims to facilitate a process for both collective learning and action to address the issue (Women's Research Centre, 1992). At all stages of the research process collaboration between researcher and participant is involved by examining the power relationship that traditionally exists in research and redefining the purpose of knowledge creation (Maguire, 1987; Women's Research Centre, 1992). It is essential for the development of trust between the researcher and the participants and for the appropriate use and verification of the research results. Theory is meant to be built democratically as a collective effort that encourages the subject's empowerment to systematically reflect on her

own situations and roles in reproducing, demystifying, or transforming existing power relations (Roman & Apple, 1990). PAR also enables the researchers and service providers to re-examine assumptions and modes of knowledge and service production. As Park (1993) states, the 'participatory' component to PAR is crucial.

Informants form a partnership with the researcher, for learning about the dimensions of oppression, the structural contradictions, and transformative potentials open to collective action (Park, 1993).

The ultimate goals of PAR are to support the voices from the margins in speaking, analyzing, building alliances, and taking action (Hall, 1993). Organized rational efforts with an explicitly liberatory goal are needed in order to counteract the disenfranchising features of modern society that are embedded in sociocultural structures (Park, 1993). Only when a group becomes responsible for its own social change will the change achieved be sustainable and appropriate. According to Green (1986), involvement of people in the decision-making and planning process is more likely to produce meaningful change (Green et al., 1995).

Vio Grossi wrote that participatory research "is intended to change the fundamental conditions that engender poverty, dependence, and exploitation" (cited in Comstock & Fox, 1983). PAR methods are designed to promote self-reliance, self-assertiveness, self-determination and self-sufficiency to disempowered groups (Park, 1993; Swantz & Vainio-Mattila, 1988). PAR is therefore a means of putting research capabilities in the hands of the deprived and disenfranchised so that they can improve their lives for themselves. Additionally, PAR attempts to direct and inform change to the relevant service providers so that the status quo is altered on an organizational or institutional level. This may ultimately provides a more lasting and effective societal transformation.

A key to empowerment is participation, which is a developmental process. The key to this process is the extent to which participants are able to exercise power in decision making. In other words, participation and power must be part of the same process...the fundamental point [is] that participation without redistribution of power is an empty and frustrating process for the powerless (Whitmore & Kerans, 1988).

Awareness and action are key elements in empowerment. Empowerment is an interactive process through which people experience personal and social change, enabling them to take action to achieve influence over organizations and institutions which affect their lives and the communities in which they live (Whitmore & Kerans, 1988). However, conceptualizing a group or community as needing to become more "empowered" can be construed as conformity to the dominant hegemony.

To purposefully embark on a research approach that promotes oppressed people's empowerment as an explicit goal requires a belief that people need empowerment, or conversely, that people are oppressed and powerless (Maguire, 1987:45).

A belief that populations are powerless infers a cycle of victim blaming and superiority, whereby some people are thought to lack the information, skills, and experience to critically understand and analyze the social structures and relations which shape their powerlessness (Ellis, 1983; Tandon, 1981b; cited in Maguire, 1987), therefore holding themselves as individually responsible for their poor life circumstance. Balancing the collaborative process is essential to a successful and meaningful participatory research experience, requiring that both the researcher and researched be open to personal transformation and conscientization (Maguire, 1987).

As well, the empowerment and emancipatory change process can be problematic for researchers, research participants and service providers. The impetus for defining a community problem and for initiating any change cannot rest on the participants alone.

Although a community may have 'feelings' about problems requiring attention, it rarely articulates those feelings as 'topics of discussion...' "the oppressed" or "the people" are not an undifferentiated, homogeneous mass. Therefore, even within popular people's organizations, the most oppressed still remain under represented and powerless (Maguire, 1987).

Yet researchers who spearhead projects are not truly fulfilling the 'participatory' component of PAR. Theoretically PAR enables positive and emancipatory change through the collaborative production of knowledge, though the possession of knowledge and skills in

the service production inherently creates power differentials with the consumers. As well, the implementation and realization of PAR can be exceedingly tedious, time-consuming and complicated for everyone involved.

One difficulty is that participatory research makes great demands on researcher. The researcher's role is expanded to include educator and activist...the lone researcher may be overwhelmed with work and hampered by the lack of financial and institutional support (Maguire, 1987).

By simply conducting a participatory project there is no guarantee of an increase of power among oppressed people (Vio Grossi, 1981; cited in Maguire, 1987). Power has a material base, which may include financial and organizational resources. Without a material base, increased knowledge may be insufficient for increased power and action (Maguire, 1987). Participatory research demands that all those involved have the resources to participate and collectively act. Defining relevant community issues, coordinating a suitable research design and mobilizing community groups towards a research process and an ultimate goal are difficult realities faced by the researcher. In its totality, participatory research imposes a heavy agenda on both researcher and participants (Maguire, 1987).

In a study conducted by Frisby, Crawford and Dorer (1997), it was found that although there are limitations inherent in a PAR approach, the adoption of PAR principles provided an avenue for critically examining systemic barriers to inclusion in sport and enabled the researchers to rethink how research is conducted. Despite initial discomfort with the de-emphasized expert role adopted by the researchers, the low-income women became increasingly more vocal, were trained in varying capacities, and assumed leadership roles. Collective learning occurred throughout the study, and the commitment to action was apparent in the strategies that were initiated. The low-income women pioneered the project themselves and therefore assumed a sense of ownership right from the start (Frisby, Crawford & Dorer, 1997).

Critical theory underpins participatory action research and challenges the neutrality and objectivity of the positivist paradigm by asking whose interests are best served by existing power structures, what groups have limited access to decision making and

resources, and how these divisions are reproduced over time (Alvesson & Willmott, 1992). A goal of critical knowledge and participatory action research is praxis is to generate new understandings which guide social groups in struggles to eliminate their domination (Comstock & Fox, 1993).

Dialogic, participatory, and democratic methods are the only ones consistent both with the logic and goals of critical theory (Comstock & Fox, 1993).

Critical social science questions issues such as power, economy, history, and exploitation, providing a method for the immanent critique of domination, while showing that contradiction can be resolved only by consciously transforming the social relations of domination by applying progressive ideals (Comstock & Fox, 1993). According to Poster (1989), critical theory springs from an assumption that we live amid a world of pain, that much can be done to alleviate that pain, and that theory has a crucial role to play in that process.

Two approaches to attaining the critical theory ideal of emancipation can be identified. The first is based on the idea of the consciousness of the autonomous critic, who, by (partially) escaping the ideologies and false consciousness of a particular society, illuminates these features and calls for a more enlightened form of practice. In this process, the task of critical theory is not only to point at deficiencies in a particular society, including its dominant thought patterns, but to identify as yet unrealized potentials that are locked, as it were, within existing institutions and stocks of knowledge (Alvesson & Wilmott, 1992:10).

It is the role of theory to reveal these contradictions [our own strivings and the limitations imposed on us by social conditions] and permit us to pursue our own freedom...since [critical theory] provides the opportunity for emancipation, it is inevitably connected to action, action in pursuit of the true needs and desires of the individual (Denhardt, 1981:629). Emancipatory and critical social science is premised upon the development of research approaches which empower those involved to change and come into a sense of their own power (Lather, 1991). Empowerment involves an analysis of the causes of powerlessness, a recognition of systemic oppressive forces, and collective and individual action to change the conditions of our lives (Bookman & Morgan, 1988;

Shapiro, 1989; cited in Lather, 1991). Organizational and institutional reliance is often fostered for those “in need” which effectively renders the users disempowered and dependent. At the centre is the dialectical, reciprocal shaping of both the practice of praxis-oriented research and the development of emancipatory theory.

A goal of my research is to empower an oppressed group to come to understand and change their own oppressive realities. A clear strategy for linking critical theory, empirical research and action is needed. My role is to join the participants in a theoretically-guided program of action. An initial step is to develop a world view of research participants and a dialogic research design where respondents are actively involved in the construction and validation of meaning (Lather, 1991). Critical inquiry through participatory action research stimulates “a self-sustaining analysis and enlightened action” (Comstock, 1982).

Towards Feminist Action Research

Critical Feminist Theory

Feminist action research evolved in response to the gender blind epistemologies of participatory action research and critical theory. Feminist action researchers see gender as a basic organizing principle which profoundly shapes and mediates the concrete conditions of our lives (Lather, 1991). Through the questions that feminism poses and the absences it locates, feminists argue the centrality of gender in the shaping of our consciousness, skills, and institutions as well as in the distribution of power and prestige (Lather, 1991).

Gender is represented as both a constitutive element of social relationships based upon perceived differences between the sexes, and a primary way of signifying relationships of power (Vertinsky, 1994). Differences and inequalities exist in how gender (i.e. male and female) is conceptualized, understood, and legitimized.

It is upon putative or fictionalized biological differences between male and female bodies that the edifice of gender inequality is built and legitimated (Vertinsky, 1994:148).

The idea that women are inferior to men is naturalized and legitimized through reference to biology (Vertinsky, 1994) thereby engendering structural and institutionalized inequalities in the very deepest levels of organizational culture. Gender is a social construction that socializes women and men and validates male dominance, power, and control. Intimate and personal experiences of oppression are anchored in and sustained by a patriarchal organization of ruling, where our political vision has denied the distinction between the powers of the public and the private domains (Smith, 1987). Social structures that favor a male ideal and standard are intensified with this inequitable power distribution.

To do feminist research is to put the social construction of gender at the centre of one's inquiry (Lather, 1991). A critical feminist perspective lends an understanding, explanation and interpretation to the way modern societies function. Within a women-dominated organization gender, income, class, race/ethnicity, ability and sexuality are central. Critical feminist theory is the philosophical framework that embodies equality, empowerment, and social change for women and men (Henderson et al., 1989), meanwhile arguing that the power attached to gender and to patriarchal structures should disappear and should not determine whether a person is excluded or included in what is esteemed by society (Flax, 1993:82). Certain goals for women are inherent in a feminist framework: to make visible women's power and status, to redefine existing societal structures and modes of existence, and to enable every woman to have equity, dignity and freedom through power to control her life and body, both within and outside the home (Bunch, 1985a, cited in Henderson et al., 1989).

Central to feminist action research is empowering women who have traditionally been silenced and powerless in society. Previously, empowerment denoted "bestowing power on others, an enabling act" (Labonte, 1994). This conceptualization maintains the individuals or groups as objects, the recipients of professional actions, and infers that they are incapable of their own powerful actions (Labonte, 1994). Feminists use 'empower' reflexively, meaning "the act of gaining or assuming power", thereby inferring no object

(Labonte, 1994). Empowerment affirms people's right to be listened to and understood, while helping people obtain a new perspective on their situation and encouraging them to take action for themselves (Frisby, Crawford & Dorer, 1997).

Feminist Action Research as a Research Process

...we need to make links with those who have long been left out of Canadian sport and physical activity, to learn from their experiences, incorporate them in our way of viewing "sport", and to help them develop appropriate opportunities for themselves. This will require working with the marginalized directly, and forming coalitions with their political representatives in the popular movements. Their active collaboration in research, planning and the dissemination of results will be essential if the presently marginalized are to enjoy opportunities for beneficial physical activity (Kidd, 1995:16).

Feminist action research is a viable research process for describing and understanding the constraints and barriers faced by many low-income single mothers and for uncovering potentially desired routes for change. PAR was criticized for not considering how gender relations was linked to poverty.

Taking a critical stance now by placing women at the centre is giving theory a new direction enabling men and women to de-construct popular ideas and stereotypes which have been taken for granted and which have limited people for generations. Both theory and practice are contested spheres and are constantly changing and the unity between them is essential for the "politicization" of experience (Hargreaves, 1990:83).

Gender was made invisible by PAR's early assumption that women could be automatically included in terms such as "people" or "community" or the "oppressed" (Hall, 1994).

Our framing of PAR must explicitly state that we are concerned with gender, class, race, ethnicity, sexual orientation, different abilities, relation to nature, and relation to other species (Hall, 1993).

Incorporating the knowledge generation, collaboration and action phases of PAR yet placing gender and class as central in its theoretical framework were most useful for this research project. To focus on gender as a social construction would have obscured the class tensions that structured the dynamics and relations in the case study organization.

It is important to center and make problematic women's diverse situations and the institutions and frames that influence those situations, and then to refer the examination of that problematic to theoretical, policy or action

frameworks in the interest of realizing social justice for women (Eichler, 1986:68).

Feminist action research (Maguire, 1987; Reinharz, 1992) was spawned from a merger of critical feminist theory and participatory action research. Feminist researchers recognize the centrality of oppressive social conditions and challenge inequalities both in society and within the research context (Green et al., 1995). Some called for a sharing of power between the researcher and the community and a new respect for control over knowledge development (Maguire, 1987; Reinharz, 1992). FAR espouses collaboration and negotiation between researcher and researched, the validation of women's opinions for knowledge development, and women's recognition of the relevance of the research.

Feminist action research is oriented to social and individual change because feminism represents a repudiation of the status quo (Lather, 1988). Theoretically, feminist action research (FAR) is emancipatory for women, negotiated between researcher and participants, and hears the diversity of women's voices and experiences (Reinharz, 1992).

The purpose of feminist research must be to create new relationships, better laws, and improved institutions (Reinharz, 1992:175).

Feminist research emphasizes the empowerment of women along with the transformation of patriarchal social structure (Clarke, 1992:S56). Collaboration and sharing between researcher and participant are inherent in a feminist action approach; it is expected that the core issues and constraints experienced by low-income single mothers will emerge by fostering a collaborative environment and relationship. Research embodying consciousness-raising in its process, as articulated by feminists, is research that seeks to empower people (Reinharz, 1992:179).

Scott (1988) states that we must expose and confront the assumptions made about gender in society and the exclusion and inclusion of people based on gender, race, class, sexuality and physical ability and the hierarchies that are created in confronting differences of any fixed binary opposition. Integral to a feminist action research design is the acknowledgment and acceptance of multiple realities of women's lives, as well as valuing

the shared creation of data between the researcher and participants (Guba & Lincoln, 1989). Theory, method and praxis are inseparable because their aim is to transform power relations and women of colour and low-income women cannot be excluded (Roman & Apple, 1990).

All too often the voices we hear offer stereotypical descriptions of poor women in their rationales for “quick-fix” solutions. By ignoring the diversity in the population of poor women and the changes in this population over time policy makers and others fail to develop and advocate for policies that address the needs of all types of poor women (Boatright, 1987).

Merging literature and practical examples of feminist organizations with the theoretical ideals posited by FAR enables a critical understanding of how FAR goals and research expectations are problematic. It is possible for tensions to arise within a women’s organization when middle class white women organize services for “less fortunate” low-income and minority women.

Emancipatory social research calls for empowering approaches where both researcher and researched become the changer and the changed (Cris Williamson cited in Lather, 1991).

Using feminist action research as an orienting framework provided an understanding of the YWCA service provision, the experiences of the service consumers, and points of disjuncture within. As well, potential routes for emancipatory change were explored. There is the opportunity through feminist action research for health and wellness services to be a site for the construction of female identities that resist hegemonic definitions and that allow for individuality in women’s experiences. However, the difficulties in adopting FAR and the tensions that can arise are important considerations and were documented throughout the research process.

Feminist Revisions of “Sport”: Towards Greater Inclusivity and Meaning

Sport and physical activity are institutionalized under patriarchy, furthering women’s systematic oppressions by teaching and reinforcing control of women’s bodies, values, and attitudes toward self (Bennet et al., 1987). Traditional sport perpetuates male

dominance and female oppression as well as other configurations of dominance and oppression based on class, culture and race (Bennet et al., 1987)

...the values of male-oriented Western team sports and an emphasis on strength, power, competition and contact are still deeply ingrained in the school tradition and in the psyche of those who implement curricula (Humbert, 1995; Vertinsky, 1992; cited in Vertinsky et al., 1996).

Many subversely sexist and racist initiatives perpetuate gender and culturally insensitive programs, alienating women who feel uncomfortable with traditional definitions and implementations of sport. Images of women from diverse cultural, ethnic or religious backgrounds preserve disempowering stereotypes within the dominant culture (Vertinsky et al., 1996). Often times institutionalized and traditional sport or physical activity opportunities are rigid, hierarchical, conservative, elitist and alienating.

The notions of gender, race, class and sexuality and the roles it imposes can be deconstructed in a feminist analysis and exposed as ideologically or culturally constructed. To deconstruct the gender-oriented aspects of physical activity is to focus on gaps, inconsistencies, and contradictions in the data observed and the texts written.

...the differing orientations of girls and women must be understood against a constantly shifting terrain of economic possibilities and gender relations, including competing feminisms and changing perspectives as more girls and women do participate (Kidd, 1995).

A feminist framework is useful for understanding the link between society and the meaning of and access to physical activity so that a basis for ideological, institutional and organizational knowledge from the diversity of women's experience can be built.

The feminist movement strives to correct the invisibility of women by valuing what women do, whether in work or in leisure. Another goal is to strive for the inclusion of women as a central focus for understanding the world. Until leisure research addresses the unique experiences of women and theorizes upon this information, a comprehensive understanding of leisure behavior will be lacking (Henderson et al., 1989).

Becoming involved in a personally meaningful form of physical activity can serve as an arena for developing feminist consciousness, meanwhile resisting masculinist, elitist and racist hegemony and dominant male-sustained definitions of sport (Birrell & Richter, 1987). It is possible for women to successfully and creatively take a text meant to mean

one thing and subvert that meaning for their own needs, thus transforming physical activity from a mechanism for the preservation and reproduction of male values to a celebration of feminist alternatives (Birrell & Richter, 1987).

Participation in physical activity is possibly a means of liberation from restrictive gender, cultural and social roles and from the binding and constraining effects of poverty, thus a means of empowerment.

...it [involvement in physical activity] provides unique opportunities for women to experience their bodies in all active, sensuous ways, providing physical confidence, enjoyment and fulfillment (Hargreaves, 1990:84).

Physical activity has potential for social and personal change through identity development, personal freedom and empowerment (Henderson et al., 1989; Hoffman, 1995).

Women are taking action and producing new versions of sport for themselves, which supports the view of sport as a constitutive, creative process, and presents all optimistic vision of the potential of women to transcend practical and symbolic forms of oppression in sport. But it is a struggle. Advances are not inevitable - there is incorporation, opposition, and failure. Sport is a site for freedom and constraint: it produces new opportunities and meanings for women and it reproduces prejudices and oppression (Hargreaves, 1990).

A Case Study of a Woman's Organization

As mentioned previously, the YWCA provides an excellent site for exploring the questions raised in the FAR and feminist organization literature. The following section reviews literature available on the YWCA which helps to develop a historical context for my study.

The Evolution of the Young Woman's Christian Association (YWCA)

In the late 19th century, a group of middle and upper class women initiated the establishment of the Vancouver YWCA which aimed to meet the needs of women and girls. They believed that an organization like the newly established Young Men's Christian Association (YMCA) could benefit many needy women struggling in their communities.

At this time when the public was accustomed to thinking, organizing and servicing in terms of boys and men, women's organizations were new and contested. Stereotypical views were held about women's ability to organize work outside their own homes, particularly if it involved the raising and the spending of a budget (Sims, 1936). It was difficult to convince a giving public, who had given generously to establish YMCAs, that an equal responsibility rested on them to supply similar resources and opportunities for women (Sims, 1936).

If it be important for the Young Men's Christian Association to have good buildings, and bright and pleasant rooms to attract the young men of our land within the influence of religion and Christian morality, it is equally important that our own Associations should have equally pleasant and convenient buildings, where they can offer to the toiling young women of our cities the attractions of social relaxation - books, music, etc. - and throw around them the protecting and refining influences of a Christian Home (Cattell, 1876; cited in Sims, 1936).

It seems that liberal feminist thought inspired the early beginnings of the YWCA.

The early liberal theorists were reformists rather than revolutionaries; male was the paradigm of human nature; their concern was to demonstrate that women were as fully human as men (Jaggar, 1983; cited in Calas & Smircich, 1996).

Women in the community who had some influence and reputation were able to lobby for the provision of equipment and facilities for women and girls to meet on a regular basis to discuss Christian values, participate in prayer meetings and to learn housekeeping skills.

Among the great humanitarian movements must be counted the efforts which have resulted in the betterment of woman's condition. Properly speaking, this has been an evolution rather than a movement. A prominent factor in this process has been the work of the Young Women's Christian Association; and so important has this work become that it deserves today to be dignified by the name of movement - so important, indeed, that it would seem scarcely necessary, if we did not know to the contrary, to try to demonstrate its place in the community (Goodwin, C.H. 1901; cited in Sims, 1936).

In the early part of this century, the YWCA evolved into an active charity organization dedicated to the recruitment and distribution of women household workers. The YWCA's activities were generally the same as elsewhere - "and these emphasized safe housing and secure souls" (Anderson, 1992:318). YWCAs throughout Canada, writes

Mitchinson (1987), "were founded to respond to a secular need - to help working women by providing them with a cheap and respectable place to live" (cited in Anderson, 1992). In addition to its secular concerns, the YWCA's religious avocation was always important. The YWCA aligned itself with local evangelical churches as a means, in part, of raising funds and membership. It was believed that espousing Christianity would garner spiritual and moral strength (Anderson, 1992; Pedersen, 1986). The YWCA service providers felt that the working women could benefit from contacts with Christian women such as themselves, helping them unite and overcome barriers of social class (Pedersen, 1986). AS well, at this time the YWCA represented a female refuge from an inhospitable male environment and a base from which women could attempt to modify that environment towards their own interests (Pedersen, 1987; cited in Anderson, 1992). In the early days of the YWCA, recreation or physical activity was included, but was not a focus, of the services offered to women in need (Pedersen, 1986).

From the time of the YWCA's emergence in Vancouver in 1897, the organization wedded its traditional material and spiritual concerns with the housekeeping demands of the city's middle-class women. Most pressing of these was the shortage of competent and reliable domestic help. Therefore many of the YWCA's efforts were taken up with channeling newly-arrived women immigrants into local homes (Anderson, 1992). The YWCA also operated an employment bureau for domestics, consequently a tension between the YWCA and commercial agencies over the securing of these women workers developed. According to Anderson (1992), the directors of the YWCA were more closely connected to the domestic employers than the household servants with whom they worked.

The YWCA was a window of vocational opportunity for working women, offering night classes in stenography and business skills and university courses. The YWCA also offered a range of domestic education classes, while making little effort to promote job education outside household skills (Anderson, 1992). Domestic training was deemed essential, not only to expand the domestic supply and women's job opportunities within

acceptable service roles, but also for the domestic's future roles of wife and mother. The Y's directors never lost sight of these ideals, regardless of the changing employment opportunities for women.

The ultimate goals of the YWCA remained relatively consistent as the organization evolved through the first half of this century. In 1965 the YWCA still aimed to build its membership among Christian women.

The YWCA of Canada is a membership movement of women and girls, whose stated purpose is to build a fellowship of women and girls devoted to the task of realizing in their common lives those ideals of personal and social living to which they are committed by their faith as Christians (Durden, 1965).

At this time the middle and upper classes depicted "wayward" women with serious personal problems who strayed from Christian practice and beliefs. This ideology was strongly embedded in the mission and practice of the YWCA.

Durden (1965) conducted a study in response to the number of Canadian Associations who expressed anxiety about girls and women who had presented serious personal problems, and about the YWCA's ability and responsibility to help them. Among the serious personal problems identified by the YWCA service providers in Durden's (1965) study were: alcoholism, drug addiction, mental illness and retardation, suicide, homosexual tendencies, personality problems, venereal disease, theft, family conflict, educational and vocational problems, physical disability or chronic illness, and prostitution. Durden (1965) also identified "unmarried pregnancy" as a common social problem and suggested that there was a need to help these women through supportive counseling, budgeting, and finding social outlets of a constructive kind. Economic problems were believed to occur in combination with other personal problems. The term "hard-core welfare family" was used to describe someone trapped in a "rut of dependency". Furthermore, the discourse surrounding the cycle of dependency was framed in terms of second and sometimes third generations growing up without ever experiencing financial or personal independence (Durden, 1965).

Interestingly, health and wellness services, a cornerstone of current YWCA offerings, were not mentioned in Durden's study as a means of alleviating these problems. Instead, housing, counseling, reform institutions and coordination of services were identified as the serious gaps in YWCA services. Durden approached these "serious problems" from an individual perspective, seemingly victim-blaming and neglected to discuss the problems with the women who reportedly had them. It should be remembered that this study was conducted over thirty years ago. Since then the YWCA has dropped its close association to Christian values in its mission and practices and only makes reference to religion in the long-standing name of the organization. However, what remains relevant is the way in which the values, beliefs, and perceptions of the women directing and providing the services influence what is known and understood about the women accessing the organization.

The problem is not one of changing people's "consciousness" or what's in their heads; but the political, economic, institutional regime of the production of truth (Foucault, 1977:14).

According to Miller and Fielding (1995), the non-profit status of the YWCA is another important consideration in understanding how services are produced and consumed. Due to this status, YWCA's are exempt from federal income taxes, many state and local income taxes, and property taxes in the United States (Miller & Fielding, 1995). Nonprofit organizations receive subsidies including postal rate discounts, tax-free donations, plus contributions and endowments. Nonprofits also receive special treatment regarding copyright laws, worker compensation laws, Federal Trade Commission scrutiny, volunteer immunity statutory protection, anti-trust laws, and various state and local law exemptions (Miller & Fielding, 1995). This is relevant to the examination of health and wellness services in that the vast majority of organizations or businesses offering such services do not enjoy similar advantages which raises questions of unfair competitive practices. How the YWCA and the FOCUS program is situated among entrepreneurial organizations and within the dominant profit-oriented and consumer-based ideology

impacts the nature of the services provided. The location of the FOCUS program in this market-driven climate may form the service providers' and consumers' understandings, experiences and expectations.

-Chapter 3-

METHODOLOGY

In keeping with the purpose of this study it was most appropriate to conduct a case study of the YWCA. "A case study is the method of choice when the phenomenon under study is not readily distinguishable from its context" (Yin, 1989). Conducting a case study offered an in-depth understanding of a single situation or phenomenon by gathering a large amount of information with the underlying assumption that the case is an example of many other such cases (Thomas & Nelson, 1990). Case studies deal with critical problems of practice and extend our bases of knowledge (Thomas & Nelson, 1990). A case study of the YWCA and the FOCUS program enabled the most textured and in-depth data to uncover the subtleties surrounding the political, economic and social context of service provision and the disjunctures that existed, while obtaining a glimpse of single mothers' lives in order to determine where the physical activity opportunities offered by the YWCA might fit in. The richness of this context meant that the study could not rely on a single data collection method but needed multiple sources of evidence (Yin, 1993). For a full variety of evidence the methods involved in this case study were a review of documents, interviews, focus groups and observations.

Evolution of the Research Questions

Originally the purpose and research questions of my research focused on low-income single mothers' interpretations of whether health and wellness services promoted self-reliance and the exploration of possibilities for emancipatory change in service provision. Although meanings, self-reliance and emancipatory change remained central issues, the lens through which the study was perceived widened. Broadening the purpose and research questions to include the political, economic and social context in which health

and wellness service provision occurred provided a richer location for analyzing disjunctures between production and consumption, and for gaining a better understanding of the realities of the low-income single mothers. As well, the breadth of the research and the richness and nuances of the organizational analysis were not fulfilled with the original approach. The emphasis changed to reflect the issues that were important to the single mothers and the service providers, thus involving the research participants more closely in the research process and optimizing the depth, potential and value of this case study.

The Role of the Researcher

Declaration of Assumptions

Throughout the research process it was imperative to frame and declare my assumptions and experiences. At the time of the study, I was a single, white, middle-class woman with no children. I lived on the West side which is not in close proximity to many single women with children living below the poverty line. I had been physically active since I was a child and had largely positive experiences with recreation, sport and fitness. I was also working part-time in the fitness industry as an fitness instructor and a personal trainer. I strongly believed in the physical, mental, spiritual and emotional benefits of physical activity and saw these benefits as being closely tied to the promotion of a healthy active lifestyle. One of my most salient assumptions was that people benefit from participating in physical activity, regardless of gender, status, race, sexuality, age and life situation. Throughout my research I documented the evolution of my assumptions, preconceptions and beliefs. As the researcher, I reflected on how my experiences affected my thinking and intuition in the creation of the writing that might always be classified as “work in progress” (Henderson, 1994).

Through the research process my assumptions were progressively challenged. The realities and daily lives of all the women involved in the research were different from my own. The single mothers were primarily concerned with issues surrounding parenting,

financial survival, mothering abilities, transportation and childcare. The issues facing the service providers involved funding constraints, job security, feeling overworked and anxious about their employment situation. None of these issues reflect my daily concerns or experiences. For the single mothers physical activity was a low priority, and I realized that I have occupied a privileged position in terms of regular involvement in physical activity and have few employment, financial or familial difficulties. From the outset I knew that I would witness very different and contrasting realities through the women in the research, and became increasingly aware of it throughout.

It was evident to all of the women involved in my research that I was positioned more closely with the service providers in terms of class, race, education. I shared more common experiences with the service providers and realized that the realities of the single mothers were foreign to my own. In spite of my closer familiarity with the service providers, my representation of the diverging realities of the service consumers and providers became a contested terrain. My portrayal of the diversity of voices required thoughtful and constant evaluation while I allowed my own analysis to emerge. Through many informal conversations and the collaboration that occurred with the service providers and the single mothers, loyalties and friendships arose. While documenting my experiences as the researcher, I often remarked when I felt allegiances or special bonds with the women and reflected on how such an occurrence affected my own experiences and interpretations.

Experiences as Researcher

As a researcher working at the YWCA FOCUS program, I was known to the facilitators, staff, and participants as a student researching the physical activity involvement of low-income single mothers. I was initially asked a few questions about the details of my research and chose to speak about it as little as possible. When the women initiated conversation with me, it was often about fitness, recreation or exercise. An interesting encounter was the time I arrived at the FOCUS program prepared for an outing.

to the Wellness Centre with the women and became involved in a conversation with two staff members. I barely knew either staff member and even though they were unaware that I am a fitness instructor they were eager to speak with me about fitness and exercise. Notably, the women approached me differently in discussing physical activity. One woman spoke apologetically but justified not exercising more. She then said "well, I don't really have any excuse..." - she seemed guilty about her inactivity. Conversely, the other woman spoke at length about how fit she used to be and how unfit she is now. She defiantly explained that she does not like going to gyms and prefers being outdoors. She repeated herself several times and did not wait for a response. My presence at the FOCUS program elicited this response in several of the service providers and somehow made them feel accountable to me.

The FOCUS participants responded differently to me. For the first few weeks they acknowledged me only through eye-contact and looks of recognition. I rarely initiated conversation and assumed the role of active listener. After I attended several Friday afternoon recreation sessions the women were more comfortable with me and expressed interest in my research and in me personally. They ensured that I had handouts at the sessions, asked for my impressions and feedback, and were especially interested in my research at the FOCUS program. They asked me more personal questions, such as how old I was, was I a single mother as well, how many years I had been in school, what kind of job I wanted when I finished. Gradually the service providers and the women came to expect me at the FOCUS personal development sessions, and I began to actively participate in all of the sessions. Once I was participating I had less time to take notes during the sessions. I also felt uncomfortable taking notes in the women's presence since I was directly involved in their activities. At this point I decided to record my observations after the sessions.

In retrospect I believe that the single mothers became more comfortable with me once we had gone indoor rock climbing together. It was a new experience for all of us and

some of the women were quite nervous. The women encouraged and generously complimented each other after they had completed a climb. The women were especially interested in watching me climb and how competent I was. I felt uncomfortable with their attention and tried to divert it by only doing a couple of climbs and sitting and chatting with the women who were resting. I felt that this was more appropriate and possibly worked towards greater collaboration between the 'researcher' and the 'subject/participant'.

My last meeting with the FOCUS participants involved my participation in a personal development session. When I entered the classroom the women seemed pleased to see me and asked how I had been. I then handed out a thank you note and their incentive (\$20.00) and they were very excited to receive this. The facilitator asked me to once again explain for the women what a "thesis" was and what I was writing about. I explained that I was exploring ways to communicate the experiences of the FOCUS participants and to uncover potential ways for the program to improve. Afterwards one woman said "so, you're going to be our voice" (Leeann, November, 1996). Although I felt touched and honored to accept this role, I realized that appropriating their voice and speaking as their "expert" was problematic and countered a FAR research methodology.

Researcher as Collaborator

It was essential to remember the differences and similarities in the voices expressed by the research participants, the service providers and myself because of the "politics of domination" that characterize how research has traditionally been conducted (hooks, 1986). I struggled with issues of anonymity, collaboration, sharing, diversity and confidentiality while acknowledging that these issues were deeply complex and that resolutions were seldom possible. By placing all of the impetus for disclosure and change on the informants infers that it is 'their' problem and they should be entirely responsible for mobilizing and improving their situation. If the 'disempowered' women are called upon to take primary responsibility for sharing experiences, the burden of accountability is taken away from

white privileged women and placed solely on the powerless women (hooks, 1986). Conversely, if the collaboration was not pursued then I risked becoming the authority while the voices of the informants remained unheard. Collaboration between the participants, the service providers and myself involved self-disclosure on all parts, and required that I was open, helpful, encouraging and understanding throughout the research process. I frequently asked for feedback with regards to my interview and probing techniques, and ensured that the focus groups and the interviews were guided interactively and honestly.

As I became more familiar with the women and the service providers in the FOCUS program I realized that quoting them in my research posed an ethical dilemma. In using the words spoken by service providers I was concerned that it would be obvious to insiders who was speaking which could jeopardize their positions if they spoke critically about current practices. However half of the participants and one service provider chose to use their first names because they wanted to be acknowledged for their input. In an attempt to reconcile this struggle I limited the women's direct quotes to the transcripts of the taped interviews which they reviewed, and refrained from directly quoting from my fieldnotes.

Selection Processes

The low-income single mothers taking part in the FOCUS Pre-Employment Training Program at the YWCA and YWCA service providers who produce policies and programs for these women and other YWCA consumers were the participants in my study.

The selection criteria for the single mothers involved in this study were as follows:

- single mother between ages of 18-35;
- living in poverty as defined by the National Council of Welfare (1994) and receiving Social Assistance/Welfare from the government; and
- involved with the YWCA FOCUS program.

Although the FOCUS program required that the women involved be on social assistance, using only statistical definitions of poverty was problematic. For example,

many women who subsist on or slightly above the low-income cut-off line continue to struggle with the daily realities and constraints of poverty.

The selection criteria for the service providers involved in this study were as follows:

- currently working for the YWCA of Vancouver; and
- active involvement in administration, management, planning or facilitation of the FOCUS program or other programs for single mothers.

The service providers involved in the research had all been working for the YWCA for at least two years. They were familiar with the evolution, history and current policies and mandates of the FOCUS program. The service providers' proximity to the FOCUS participants ranged between daily interactions to project reports and word-of-mouth. The service providers interviewed were either directors, managers, facilitators or program planners involved either directly with the FOCUS program or with programs for single mothers. I had several informal conversations with a FOCUS facilitator; and although she was not formally interviewed, her input was included to contextualize the data.

Five YWCA service providers were interviewed and eleven low-income single mothers participated in one of two focus groups. Roche (1991) suggested that when similar patterns and themes emerge from the informants, or information becomes redundant, a sufficient sample size has been reached. Although it depends on the complexity of the topic, information will usually become redundant after interviewing approximately 10-12 participants (Kuzel, 1992). It was found that despite the diversity of perspectives offered by both the FOCUS participants and the service providers common themes emerged towards the completion of both the interviews and the focus groups. However, a number of other questions for future research were raised that will be discussed in more detail in Chapter Five.

The Setting

The FOCUS program was chosen as the primary research site for various reasons. FOCUS is a pre-employment training program for young single mothers living on welfare. The program offers sessions in employment training, career development, personal development/lifeskills, health and wellness and recreation. Through past work experience with the YWCA I was easily granted access to the program. As well, the women involved met the selection criteria of my research, and the program dealt with various topics including health and wellness and physical activity. Finally, since the FOCUS program is government funded it was an ideal site to expose the social, economic and political context of service provision.

Gaining Access to the Research Site

A consideration for the selection of the participants was their availability. I was permitted access to the FOCUS program and was immediately referred to the program manager. From the beginning of my research several of the program facilitators were extremely helpful and accommodated me whenever possible. They encouraged me to conduct my observations when convenient for me and helped me organize the focus groups with the women. For this reason I felt increasingly uncomfortable when I realized that the focus of my research was shifting and adopting a progressively critical stance. To inform the service providers of the change in focus I distributed a copy of the recommendations and then had a final meeting with them where I described how the focus of my research had shifted. I told them that through my research I had heard varying and often conflicting opinions and that in my documentation I represented them and their comments as accurately as possible. Some of the service providers were willing to make a critical assessment of the YWCA and the FOCUS program whereas others were not. However, all of the service

providers remained friendly, accommodating, and informative, and were eager to read my final report and give me feedback.

Data Collection Procedures

The data collection procedures occurred in the following steps:

1) Analysis of relevant documents

Documents, reports, brochures, advertisements and information packages printed and distributed by the YWCA were collected and analyzed to provide background information on the organization. Relevant information included the history, mandate, philosophies and mission statement of the YWCA. These documents served as a useful starting point and helped to frame the focus group and interview questions.

2) One-on-one interviews with the service providers

Pilot Interviews (Spring 1995):

As an assignment for a graduate course I interviewed three services providers (they were not involved in the FOCUS program) for thirty minutes each regarding the social services and fitness and recreation branches of the YWCA. Notes were taken during these interviews which provided background information on the YWCA's organizational structure and culture, the rationale for the new facility, and the nature of market-driven health and wellness services.

A semi-structured interviewing approach was taken in that the interviews were conducted with the aim of minimizing control over the informant's responses. For the most part, open-ended questions with probes for guidance were used. This enabled the participants to open up and express themselves in their own terms and at their own pace (Bernard, 1994). The service providers from the YWCA were interviewed for approximately one hour at the first stage of this study. The interviews focused on the mandate and mission of the FOCUS program, the relation of FOCUS to the organization

and structure of the YWCA, how the service providers administer and program for the women in FOCUS, their assessments of the benefits of the FOCUS program, and potential ideas for change.

In general the interviews went smoothly. Most of the service providers were receptive and interested in the questions and provided informative and thoughtful insights. One woman offered to be interviewed a second time and stayed after work to do so. However, two of the service providers appeared rushed and unfocused throughout the interview and one gave the impression of being inconvenienced.

3) Focus group with low-income single mothers

Since there were different times when "intakes" of low-income women participating in the FOCUS program occurred, one focus group was conducted with five women in mid-August, marking the ninth week of their involvement with FOCUS. The second focus group occurred in mid-October with a group of six women who had been involved with FOCUS for six weeks. The women provided thoughtful and insightful comments since they were fully entrenched in the FOCUS program and had experienced over half of the programming hours. The focus groups were organized around the schedule of the FOCUS program, and each one lasted approximately 1.5 hours. Questions regarding the women's involvement with FOCUS and other government programs (such as social assistance) and their perceptions of the health and wellness services offered by the YWCA were explored. Their understandings and meanings of poverty and physical activity were also discussed. As well, notions of reliance on services were discussed and ideas for change emerged.

Due to the time constraints of this research project and my desire to not take too much of the women's time, conducting the two focus groups with the single mothers was manageable. However, it would have been useful to have subsequent focus groups or individual interviews with the women, to enable a more in-depth exploration of the

women's meanings and experiences. In each focus group it took the women approximately 20 minutes to relax and be comfortable with the topic of conversation. I sensed that they were initially searching for the "right" answers, and after several reassurances that there were no "right" answers, they appeared to speak more openly. My longer-term involvement with the program and more frequent focus groups would enable a more in-depth exploration of the women's issues and constraints.

4) Observations of services provided to low-income single mothers

Observations were made of personal development, health and wellness and recreation sessions, as well as group meetings and informal conversations. Observing the way in which the services were provided and consumed gave insight into how programs were administered and how service providers dealt with the issues and needs of the women involved. It also allowed me to see the single mothers' involvement in the program.

Denzin (1989) has suggested that "all observation notational records should contain explicit reference to participants, interactions, routines, rituals, temporal elements, interpretations, and social organization." The focus of the observations for this research was the program design, leadership styles and skills, service provision, the setting, the non-verbal and verbal behaviour of the service providers and the participants, and the evolution of the research process.

Conducting observations of the FOCUS program was an ideal way to feel comfortable in the research setting. It enabled me to better understand the program and how it was conducted and experienced by the women. I attended an average of two program meetings/workshops a week for three months. The discussions ranged from assertiveness training, taking responsibility, making decisions, fitness and health, nutrition, and writing resumes. The sessions were interactive in that the facilitator would initiate conversation or introduce the topic of conversation and would ask for input. Most of the women participated in the discussions and those who were less vocal were

eventually drawn into the conversation by the facilitator. A sharing, open and honest atmosphere was engendered in most of the sessions.

I had many informal conversations with the service providers and with the participants in the program which were subsequently documented in fieldnotes. I was given verbal consent to include the comments and informal discussions I had with one service provider. Through these discussions I gained a greater appreciation for the impressions and meanings of the FOCUS program participants and service providers.

5) Validation meeting with the single mothers

A third meeting with the single mothers was organized once the initial stages of data analysis based on the focus groups and observations were completed. In this meeting, the data analysis and the use of the women's words were reviewed with the participants. The goal was to ensure that the women's voices were represented appropriately and in context. "Giving back" to respondents of picture of how the data were interpreted was essential to both return something to the research participants and to check descriptive and interpretive/analytical validity (Lather, 1991). A pre-determined guide was not set for the validation meeting, and the research participants had control over the focus group and what was discussed.

The final meeting involved the women who were involved in the second focus group. At this point the first group who was originally involved had completed the FOCUS program. Each woman who was not present was phoned and asked for her feedback. I was disappointed with this process because although it was intended to enable the women to collaborate and generate ideas, few of the women offered additional suggestions or changes to the research. It was my impression that they women trusted my representation of them and in some ways considered my an expert. In order to more fully collaborate with the research participants a longer-term involvement with the program and the single mothers would be necessary.

The single mothers were financially compensated for their involvement with the study. The participants were paid \$20.00 each and were given a thank-you letter. Initially I felt unsure about paying the FOCUS participants to participate in my study. In the truest sense of FAR, there is little distinction between the participants and the researcher, therefore paying the participants appears unnecessary and contradictory to the nature of the research. I believed that it was important to communicate my appreciation for their involvement, and felt that paying them a token amount made them realize the significance of their input. I was pleased that I decided to give incentives once I had distributed them and witnessed their positive reactions.

6) Communicating results to the service providers

A group meeting with the service providers was arranged in the final phase of the research to discuss the recommendations for change and to uncover any oversights or miscommunications. In accordance with feminist action research, the research participants' desired routes for emancipatory change should be informed to those in power. Active discussion of the low-income single mothers' recommendations is essential so that feasible changes can be made. This is one way in which change can be achieved for marginalized groups such as low-income single mothers. As one woman said, it is at this point that the researcher will act as "her voice".

Coordinating a group meeting became problematic since the service providers who were interviewed worked in different buildings and held varying and busy schedules. The FOCUS program coordinator invited me to a FOCUS staff meeting to discuss the recommendations, however to my surprise none of the service providers I interviewed were present because for various reasons none of them were able to attend. The compiled list of recommendations had been circulated among them. They agreed with three of the recommendations and questioned the other two. They felt that the single mothers' feedback

was valid and thoughtful. Their comments were incorporated in the final section of Chapter 4.

Although I had phone discussions with the service providers who were interviewed and incorporated their suggestions, a collaborative and sharing environment for discussing feasible routes for change was not established. This confirmed one of the major limitations I documented regarding a feminist action research orienting framework which are discussed in more detail in the following section.

Fieldnotes

Fieldnotes were taken following the focus groups, the interviews and the observations. Fieldnotes rounded out the data obtained and provided a more contextualized understanding of the focus groups, the observations and the interviews. They were taken to enable the documentation of the research process and how it evolved over the course of the study. Fieldnotes were also taken to record the overall impressions and outcomes of the validation meeting and the second meeting with the service providers.

Additionally, fieldnotes allowed me to check my assumptions and to account for my "conceptual baggage" (Kirby & McKenna, 1989). Conceptual baggage is information about the researcher which places her in relation to the research question and research process in an immediate and central way. This process allowed me to state my personal assumptions about the topic and the research process (Kirby & McKenna, 1989).

Actualities and Limitations of a Feminist Action Research Approach

Undoubtedly my study was enriched with the FAR lens, though on a practical and level the implementation of FAR principles was problematic. A FAR orienting framework enabled me to check my assumptions and to declare my biases in my fieldnotes and how they affected my analysis. I was forced to re-evaluate my initial understandings of the situation and to be answerable to my subconscious assumptions. This enabled a shift in the

focus of my project to more accurately and explicitly reflect the experiences and realities of the FOCUS participants and the YWCA service providers. Although this was a major strength of a FAR orienting framework, within the context of this study there were several limitations.

I gained access to the FOCUS program through one of the service providers who I knew from previous work experience with the YWCA. From the onset the participants were aware that we were friendly and overheard us talking on numerous occasions about mountain biking, school, and other personal topics. Although I spoke frankly and often with the single mothers and they disclosed personal information about their lives and struggles to me, I had a greater network of familiarity with the service providers, and slowly gained more insight into their experiences. I had more occasions to talk with the service providers since they were working full time, were rarely absent, and were usually willing to discuss my observations or questions. However, the FAR orienting framework forced me to constantly re-evaluate my assumptions and understandings and drove me to closely document my interactions and how I was perceived by the single mothers. Despite my familiarity with the service providers I felt more loyalty towards and interested in the single mothers.

Until I embarked on this research I had never realized how middle-class I was. Initially, I operated from a moral reasoning position, similar to the problematics described in feminist organization literature. I believed that providing regular physical activity opportunities for the low-income single mothers would alleviate the stress they experience, and felt that I could help these women who were less fortunate than myself. I assumed that the promotion of good health through physical activity involvement was beneficial, and felt that I could help the women become more active. However, I soon realized that a thorough understanding of the single mothers' realities was necessary and began to re-evaluate my own presumptions.

A limitation with the FAR orienting framework I adopted was the positioning of the single mothers and the service providers as binaries. Initially, the FOCUS participants were positioned as one "group" with specific and unified insights, experiences and observations, while the YWCA service providers were delineated as a separate and potentially opposing "group". The inference was that within each group there are shared opinions towards service delivery and consumption. However, the FOCUS participants and the service providers represented diverse backgrounds, interests, and experiences, which I documented and reported thoroughly. For example, some of the participants and the service providers disclosed more personal information than others regarding marital status, number of children, sexuality, ethnic background, etc. In a FAR research design the individual can be lost to the interests of the "group", and it can be assumed that the group is capable of and desires lobbying towards a unified and cohesive set of goals. The underlying context and purpose of this study prevented a full exploration of individual experience.

A limitation in my research design which made it difficult to implement FAR involved the research site and working within a pre-existing program. Since FOCUS has existed for over five years, the policies and processes were fully established before the admittance of the program participants and before my involvement. The structure of the FOCUS program limited the collaborative process that is inherent in FAR. The groups of women in the study were situated differently, and since the program had never included collaborative processes, instigating a collaborative research design was unlikely. Meanwhile, a traditional power differential between the single mothers and the service providers which was inherent to the structure of the FOCUS program was preserved.

An ideal of FAR that was not realized was the leveling of power relations between myself as the researcher, the service providers and the single mothers. Yet the power differences within the FOCUS program and among the YWCA service providers were firmly established. Clear delineations between the service providers and the program

participants were enforced through the curriculum-based approach and through my research design, therefore the exploration and implementation of emancipatory change was difficult and unlikely in this structured environment. Because of my position as a researcher fortunate to be granted access, the YWCA service providers were not required to implement the recommended changes and at no time did the service providers and participants work together for change. Working towards change was not in the FOCUS program's mandate, and rarely did the service providers ask the participants how the program could be improved.

Another concern arose when I conducted the validation meeting with the single mothers. None of them offered any suggestions or changes to my interpretations, and all believed that I was representing them as accurately as possible. It was possible that they considered me to be an "expert" and felt unsure about challenging my views. I realized that my location within the FOCUS program and the research process (which was not able to incorporate all of the principles of FAR) perpetuated the women's conception of "the researcher" as an authority. It was possible that none of them felt enabled to challenge my interpretations.

Another limitation in my research design involved my choice of data collection techniques. Although the focus groups provided a sharing and collaborative environment, they may also have prevented the single mothers from disclosing personal information. The time frame of this study enabled three focus groups, yet through more in-depth interviews with the FOCUS participants I would have gained a deeper and more contextual understanding. As well, for some of the women a focus group setting may not have been the safest environment to disclose personal issues such as sexuality, discrimination, and abuse. The fact that I conducted one-on-one interviews with the service providers inevitably contributed to my greater sense of familiarity with them. If a research project assumes responsibility for equally representing the voices of the women involved, then the same data collection techniques should be used.

Through the research process I was concerned about the limitations of the project design and the restrictions for praxis, in that the providers and consumers rarely worked collaboratively or discuss potential changes. In a future research project I would organize collaborative meetings with all of the research participants from the very beginning, and subsequently conduct individual interviews to elucidate their views. Ideally a more accurate and true FAR study would require the collaborative initiation of a research project in a non-structured setting. As well, FAR requires time for investigation, sharing and trust-building, which is often a limitation for many researchers. To coordinate a FAR research project requires the time, energy and money to gain the freedom to fully explore the issues and to develop strategies for emancipatory change.

Data Analysis Procedures

The data analysis process involved several stages. The focus group, documents, observations and interviews were first transcribed in raw form. Categories, themes and patterns were generated from the raw data to focus the information and to find significant classes of things and persons and the properties which characterized them (Marshall & Rossman, 1995). Through constant re-reading and re-interpreting the data were clustered and coded (Huberman & Miles, 1994). The compressed information permitted conclusion drawing in the form of structured summaries and synopses with text (Huberman & Miles, 1994). The transcripts were then merged and synthesized through the continuation of the categorization process. This process was continued until there was enough data to form a detailed and rich description.

Q.S.R.NUD.IST, a qualitative software package, was used to facilitate the data analysis process. This program facilitated the discovery, definition and development of emerging themes and patterns (see appendix A for the index tree). Q.S.R. NUD.IST was used after the initial reading of the transcripts. I coded the data into significant themes and grouped them under three different headings "the low-income single mothers", "the service

providers” and “the YWCA”. Once I had the major ideas clustered in each category, I manually revised the grouped data and then devised an outline for my research results. On several occasions I returned to the index tree and to the clustered data to ensure that all relevant information was included. Using NUD.IST allowed me to confirm and reconfirm the emergent themes and patterns.

Once the data were synthesized, initial connections were established between the data and theory. The validation meeting was then conducted with the research participants. The final stage of data analysis involved seeking alternative explanations for the findings. This was done when a theme or a pattern was identified in an attempt to confirm or qualify the finding (Huberman & Miles, 1994). As well, the final meeting and conversations with the service providers enabled me to reaffirm or redefine my descriptions, interpretations and recommendations. The analysis was completed when the critical categories were defined and the relationships among them were established (Marshall & Rossman, 1995). The data was analyzed with the intention of discovering the inter-woven dimensions of poverty and physical activity, how class and gender contributed to this relationship, understanding the women’s and the service providers experiences with service consumption and provision, and determining strategies for collective and emancipatory change (Park, 1993).

Methods for Verification

Credibility

As defined by Marshall and Rossman (1989), credibility ensures the data accurately reflects the study subjects or subject matter. In FAR the assumption is that the validity of data depends on the subjects fully empathizing with the purpose of the study, thoroughly understanding the intent of the questions, and wanting to give the needed information the best way they know how (Women’s Research Centre, 1992). Through most of the

research process I collaborated with the participants and I documented a detailed description of my decisions and actions in my fieldnotes.

Transferability

The findings of my study were used to develop a deeper understanding of the situation and to provide possible explanations. According to Lincoln and Guba (1985), transferability is a direct function of the *similarity* between two contexts, or how they 'fit'. "Fittingness is defined as the degree of congruence between sending and receiving contexts. If Context A and Context B are "sufficiently" congruent, then working hypotheses from the sending originating context *may* be applicable in the receiving context (Lincoln & Guba, 1985). It is imperative to know information about *both* contexts to which someone may wish to transfer working hypotheses; one cannot reasonably expect him or her to indicate the range of contexts to which there might be some transferability (Lincoln & Guba, 1985). The same patterns should occur under similar circumstances, however the goal of this research was not to generalize to all organizations providing services for all single mothers who live in poverty. With careful attention to the detail of the context, the same patterns for women living in a similar context would likely occur.

Dependability

Dependability accounts for changing conditions in the relationships between poverty, gender and physical activity as well as changes in the design created by an increasingly refined understanding of the setting (Marshall & Rossman, 1995). The interpretive approach assumes that the social world is constantly changing and it is therefore very difficult to reproduce a research design within another social context.

Through careful documentation of the research process and checking and re-checking my assumptions the description and analysis represented what was found and was an accurate account of the experiences of the informants. Transcripts, analysis, and the

use of the women's words were discussed with the participants and changes were made to ensure that the information was presented in an accurate and honest manner.

Triangulation allows the researcher to weigh the evidence because it draws 'slices of data' from different sources (Marshall & Rossman, 1995). By combining sources of information from the interviews, the focus groups, the fieldnotes and the documents, different perspectives contributed to the data and provided a more complete picture, meanwhile raising contradictions. Observations are valuable as an alternate source of data for enhancing cross-checking (Douglas, 1976) or triangulation (Denzin, 1989) against information gathered through other means. Researcher effects were identified and documented in terms of the researcher's reactivity to the data and her personal biases and assumptions. In qualitative research assumptions and biases are recognized for what they are and how they might influence the interpretation of the data. Any assumptions or biases were explicitly described in the fieldnotes and incorporated as another slice of data.

Confirmability

Confirmability involves an assessment of objectivity and researcher bias. Each knowledge form, be it interactive, critical and instrumental has its own criteria of validity, so that one form of knowledge cannot be judged in terms of the validity standards of another (Habermas, 1979; cited in Park). Patton (1990) suggests that "the point is to be aware of how one's perspective affects fieldwork, to carefully document all procedures so that others can review methods for bias, and to be open in describing the limitations of the perspectives presented" (p.482). Documentation of the fieldwork was achieved with the fieldnotes and the limitations of the perspectives were recorded with the aid of the validation focus group and the meeting with the service providers. As well, the validation focus group allowed the women to reaffirm and confirm how their experiences were described and analyzed, and to alter information which was used out of context. As well,

the meeting ensured that through the description and the analysis the research participants were able to see their experience in the research process.

Ethical Considerations

As a basic requirement the research met the criteria set by the U.B.C. Ethics Committee. Prior to the data collection an important consideration was 'Informed Consent' which ensured that the participants understood what the research was about, how the information would be used, and how the participants' confidentiality would be protected (Women's Research Centre, 1992). A statement describing the research aims and methodology was given to all participants and signed by them, while any further questions were answered.

It was assumed that confidentiality and anonymity would be kept to protect informants' privacy. Anonymity was maintained by coding the interviews and pseudonyms were used if the women desired. However, several of the women chose to have their real names used. Transcripts were reviewed by the participants in the validation focus group, in the service providers' meeting and in individual conversations, and potentially harmful or identifiable information was eliminated. The taped focus groups and interviews were erased at the completion of the research process. Participation in this research was strictly voluntary. At any point in the process of the research a participant was free to discontinue her involvement.

An additional ethical dilemma arose through the course of the research. This project was critical by nature and possibilities for recommendations for change were sought. Contentious issues and points of disjuncture among the service providers and between the service providers and the participants arose. Through uncovering these sensitive and possibly controversial issues which deeply contextualized the research, it was difficult yet essential to remain respectful and non-judgmental. The single mothers and the service

providers' responses and comments were a reflection of the broader context in which they were located.

- Chapter 4 -

RESULTS

This chapter begins by outlining the organizational structure of the YWCA to provide background information for the case study. The FOCUS program is subsequently described and both the program and the YWCA are situated within their broader political, economic and social context. This sets the stage for an exploration of the meanings and experiences of the FOCUS participants and service providers and the ensuing tensions that arose in service provision and consumption.

Understanding the Organizational Structure of the YWCA

As revealed in Figure 4.1 there were three main sectors of the Vancouver YWCA that were the focus of this case study (see the shaded areas). They were:

1. The **Support Services**, including Finance and Administration, Marketing and Communications and the role of the Personnel Officer. These services assisted those leading YWCA programs and were coordinated from the fourth floor of the Wellness Centre.
2. The **Individual and Family/Community Services and Childcare Programs**, which were scattered throughout the GVRD. These services were 'not-for-profit' and relied on federal and provincial government grants and on the income generated from the Hotel/Residence and the Health and Wellness Centre. Some programs were entirely supported by government grants, in which case the government had input towards the implementation and nature of the program. Other programs received some government money, but also made use of the money generated by the

YWCA through its 'for-profit' programs. The ability of the 'for-profit' ventures of the YWCA to contribute towards the FOCUS program's budget was contested among the service providers. The FOCUS program was largely dependent on government grants.

3. The **Wellness Centre and the Hotel/Residence**, both of which were expected to be economically self-sufficient and generate income to support the community services offered by the YWCA. These services were entirely 'for-profit' and together generated over 46% of the income raised by the YWCA. Since the opening of the new building in 1995 memberships reached a high of 2600 members (Marilyn, service provider, June 1996). Refer to figure 4.2 for a further breakdown of revenues.

<i>Figure 4.2</i> Sources of Income to the Vancouver YWCA	
United Way	7%
Residence/Hotel	31%
Health and Fitness	15%
Child Care Fees	9%
Net Fundraising & Other Incomes	13%
Government Grants and Contracts	25%

(YWCA Inner Circle, 1994)

In January 1995, the YWCA experienced a complete reorganization and moved locations from Burrard and Georgia to Hornby and Pender (a move one block North-East, remaining in downtown Vancouver). After the move, the Wellness Centre was the central location for the delivery of health and wellness programs, and was situated in a modern, five-story building with marble flooring, chrome fixtures and high-technology equipment. Consequently, the image projected by the YWCA Wellness Centre was unlike that of YWCAs of the past. The previous YWCA was housed in an old, run-down building

(primarily in the basement and first floor) on Burrard Street. The new Wellness Centre serviced a largely upwardly mobile population of professional women and men living or working in downtown Vancouver. The move to the new location coincided with the controversial opening of the YWCA Wellness Centre to male clientele. The rationale for allowing men to be members of a YWCA was to generate more income to manage the new building and to subsidize the Individual, Family and Community Services offered to women and children in lower income areas of Vancouver. From the administrative floor at this location, over 30 program locations were coordinated throughout the Greater Vancouver Regional District (GVRD). Twenty of these programs serviced single mothers through support groups, counseling services, shelters, or a pre-employment training program (FOCUS).

The Vancouver YWCA was the largest and most influential of all the YWCA's in Canada (Lara, service provider, April 1995). Its annual budget was over 7 million dollars, whereas the average YWCA budget in Canada was 2-3 million dollars per year (Lara, service provider, April 1995). Over the past five years the municipal, provincial and federal governments of Canada had increased their funding to the YWCA by approximately 1.5 million dollars. Apparently, women's health, particularly issues dealing with childcare and violence against women, had gained more prominence on government agendas, especially within the Ministry of Health and the Ministry of Housing and Social Services (Lara, service provider, April, 1995).

The FOCUS Program - (Future Options in Careers, Upgrading and Skills)

The YWCA mission statement talks about empowerment of women, and then in turn their children, and self-reliance, self-confidence, the provision of programs to provide particular skills and resources that women need to reach some kind of independence, and really that's what the FOCUS program is all about (Marilyn, service provider, June 1996).

FOCUS was a YWCA pre-employment training program for young single mothers that was administered under the Individual, Family and Community Services portfolio (see figure 4.1). The FOCUS program was designed to provide academic upgrading, lifeskills, personal development, education, pre-employment skills, work experiences, recreational activities and support. Participants were single mothers aged 16-24 whose education was interrupted by the birth of a child during her teen years. The majority of the women found out about the FOCUS program through word-of-mouth. The goal of FOCUS was to assist single mothers acquire employment training, career preparation skills, personal development skills and the personal empowerment to make positive choices in training (refer to Figure 4.3 for a profile of the women accessing the YWCA FOCUS program).

I like the personal development classes the best, you learn alot about yourself so that's my favourite part (Shannon, participant, October 1996).

As well, the women were encouraged to further their education and employment resulting in long term attachment to the labour market (Janet, service provider, August 1996).

According to a document entitled YWCA FOCUS Pre-Employment Training Program Proposal (1995), FOCUS must address the "developmental and learning delays which frequently occur as a result of early pregnancy". In addition, it was deemed critical to offer pre-employment training for the young women to assist them in developing an attachment to work and all the opportunities work can offer them rather than a lifetime attachment to income assistance (YWCA FOCUS Pre-Employment Training Program Proposal, 1995). In our consumer-oriented society, paid employment is a pre-requisite to participate. The work ethic ideology emerged throughout the document and the service provider's use of the word 'attachment' to the labour market, inferring that self-worth was tied to employment.

FOCUS was an intensive twenty-two week core program with an Extended Services component which provided up to eighteen additional weeks of training depending on individual need. It was believed that since individuals increasingly face difficult decisions about work and learning throughout their lives, the program aimed to equip them

Figure 4.3

PROFILE OF WOMEN ACCESSING THE YWCA FOCUS PROGRAM

	Age	Number of Children	Age(s) of Children	Country of Origin	First Language	Location of most recent high school	Current Address	Living Status	Years of Education	Career Plans	Past & current interest in physical activity
Maria	20	1	2 years	Nicaragua	Spanish	Vancouver	East Vancouver	alone with child	completed grade 10	Tourism or Hospitality industry	does little physical activity; little interest
Laura	22	1	5 years	Canada (Ontario)	English	Vancouver	East Vancouver	alone with child	completing grade 12	Environmental Sciences - Capilano College	occasionally works out at YWCA
Kathy	22	1	3 years	Canada (B.C.)	English	Port Moody	Coquitlam	alone with child	completing grade 12	Social services - program at Douglas College	walks with child; occasionally rides exercise bike
Susan	19	1	9 months	Canada (B.C.)	English	Vancouver	East Vancouver	alone with child	3 credits to finish grade 12	Small business management-program at BCIT	walks with child; used to be a body builder
Barbara	22	2	2 & 5 years	Canada-First Nations (Lilloet)	English	Lilloet	East Vancouver	alone with child	completed grade 10	still exploring options	does little physical activity; is interested in doing more

	Age	Number of Children	Age(s) of Children	Country of Origin	First Language	Location of most recent high school	Current Address	Living Status	Years of Education	Career Plans	Past & current interest in physical activity
Patricia	18	1	10 months	El Salvadore	Spanish & French	Vancouver	East Vancouver	with boyfriend and child	completed grade 11	Aiport receptionist	little involvement; would like more
Leann	20	1	13.5 months	Canada-Queen Charlotte Islands	Spanish	Queen Charlotte Islands	East Vancouver	alone with child	completed grade 10	Exploring options	little involvement
Gabrielle	20	2	3 years and 13 months	Trinidad	English	Vancouver	East Vancouver	with boyfriend and child	has not finished high school	Doctor	little involvement; would like more
Shannon	18	1	14.5 months	Canada-Ontario	English	Vancouver	East Vancouver	with boyfriend and child	completed grade 8	Drug and Alcohol Counsellor	used to work out; has no time
Maritza	18	1	18 months	Peru	Spanish	Vancouver	East Vancouver	alone with child	completed grade 10	wants to make money to support self and child	works out occasionally; would like more opportunity
Cindy	20	1	8 months	El Salvadore	Spanish	Vancouver	East Vancouver	alone with child	completed grade 10	Aiport receptionist	goes to YWCA gym on Wedn., used to play soccer

to tackle other such decisions in the future (YWCA FOCUS Pre-Employment Training Program Proposal, 1995).

The FOCUS program also had a recreation component that was scheduled for Friday afternoons and involved activities such as going to the YWCA Wellness Centre, going to the beach, rock climbing, renting or attending a movie, visiting the art gallery, etc. Health and wellness sessions were incorporated in the personal development component of the program and included discussions regarding proper nutrition, smoking cessation, the benefits of exercise, and recent exercise or fitness information. However, health and wellness discussions were not regularly scheduled into the curriculum and its incorporation into the FOCUS program was largely dependent on the interests and background of the individual facilitator. Additionally, the women were given a free pass to the YWCA Wellness Centre for the duration of their participation in the FOCUS program.

The FOCUS program was located in a high-rise building one block east of the YWCA Wellness Centre in downtown Vancouver. There were five large rooms, three of which were used to conduct sessions, while the other two were used as office space for the staff. As well, there was one private office which was occupied by the program manager. Much of the equipment and furniture was donated by other businesses within the building (Marilyn, service provider, June 1996) and in each meeting room there were large long tables and decorated walls, including slogans (printed by both participants and service providers), drawings, collages, face-masks and decorated boxes created by the participants. There was a mini-kitchen with a sink, a refrigerator and a microwave where participants and service providers heated their lunches and made tea or coffee. Usually there was a basket of baked goods sitting on the counter for the participants to eat. The atmosphere was friendly and welcoming, and reflected the creativity and individuality of the participants in the FOCUS program.

I'm happy here because I'm getting what I want, my GED [General Education Diploma] and at the same time my self-esteem is stronger, I have more friends, and I don't feel alone like I'm dealing with my problems (Patricia, participant, October 1996).

However, the ultimate goal of the FOCUS service providers is to gear the activities and lessons towards employment:

One of the key goals of FOCUS is employment, providing a reasonable, holistic and supportive plan which is geared towards helping a young woman decide what is right for her in terms of her career potential (Marilyn, service provider, June 1996).

The Philosophy of Service Providers

It has been acknowledged that the individual philosophy and beliefs of the service providers greatly influenced the directions and emphases adopted in the program. Through the interviews and the observations it was clear that the service providers who worked the most intensively and consistently with the participants were the most aware of the needs and desires of the women. As well, these service providers demonstrated the most frustration with the funding crisis and felt the most unsure about their own job security at the YWCA, (refer to table 4.4 for a description of the FOCUS service providers).

The majority of the women who worked directly with the FOCUS participants, known as facilitators, were single mothers themselves and although some had struggled with poverty, typically they were middle-class and earned a moderate income. Nonetheless they were familiar with the needs and experiences of the women in the FOCUS program and were consequently empathetic. The FOCUS participants acknowledged that the facilitators were well-versed in areas that were important to them, and they demonstrated respect for the facilitators.

I met Joanne, she talked great, the things that she said were really nice, so I decided to come (Patricia, participant, October 1996).

One facilitator mentioned that one of the "non-taxable benefits" of working on-site at FOCUS was the strong connections established with the participants. She added that when the participants told them that they "love them" and could not have completed the program

Figure 4.4

PROFILE OF YWCA SERVICE PROVIDERS

	Position at YWCA	Personal Information	Ethnicity	Style of Service Delivery (based on observation and interviews)	Suggested Possibilities for Change
Marilyn	Manager	mother of 2; middle aged	Caucasian	Does not deliver services directly.	Volunteer from YWCA to bring women to the Wellness centre for fitness classes.
Jennifer	Manager	middle-aged	Caucasian	Curriculum-based; focus on employment possibilities.	The establishment of an Advisory Committee to increase funding sources. Improve technology on-site.
Shelley	Manager	middle-aged	Caucasian	Popular education model - women direct services	Focus primarily on the basics - improving self-esteem and self-responsibility.
Joanne	Facilitator	no children; middle aged	Caucasian	Collective between service providers; directive with women in services	Believes in revolution not reform. Change must come from all facets of society.
Laurel	Facilitator	1 child; single mother; early forties	Caucasian	Interactive, sharing and informative; develops close relationships with participants	Believes that FOCUS is doing the best job within its funding parameters; increase networking in corporate community.
Janet	Facilitator	2 children; single parent; mid-forties.	Caucasian	Open and sharing; guides lessons but asks for impressions and feedback.	Scheduling in regular physical activity in the curriculum; working at it weekly throughout the program. Establish greater connections between the Wellness Centre and the Social Services.

without them, their job insecurity and modest wages became less relevant (Laurel, service provider, January 1997). As might be expected, the women who work in managerial positions were less informed of the daily realities of the FOCUS participants. However, it was clear that all service providers responsible for FOCUS were committed to communicating regularly regarding the program and its participants.

All of the service providers who worked with the FOCUS program promoted the notion of financial self-reliance for the single mothers. They encouraged the women to take control, be assertive, and to depend more on themselves, and the exercises the women participated in were designed to help them become more self-reliant. One participant commented on the service providers' approach:

I'll show you how or you can ask me but I'm not going to do it for you
(Kathy, participant, August 1996).

This approach was substantiated by a service provider who commented on the need to promote financial self-reliance:

We're trying to foster self-reliance, it's economic, as part of this program. Let's look at ways that you don't have to be dependent on anybody financially. Let's look at ways to make your relationships more healthy so you don't have to be dependent on anyone emotionally. Let's look at ways of building your personal power, so that you personally are a source of strength for yourself (Janet, service provider, August 1996).

Decision-Making and Evaluations

The FOCUS program was curriculum-based and followed a pre-determined schedule. The participants had little influence over the direction of the program, but were regularly given options for individual lessons. For example, the facilitators asked, "would you prefer to do problem solving or assertiveness training today?" The on-site facilitators were accountable to the managers and funders of the program who agreed on a specific format and itinerary for program delivery. Although it appeared that the service providers had total control of the FOCUS program, one service provider view was that the participants had formal and informal feedback opportunities:

The women have decision-making ability....I don't know if they have power sufficient to use the word control. The participants of the program have a direct impact on the program both formally and informally. The evaluations that have been done have resulted in the program that you see. This thing did not spring from the mind of Zeus like Athene. It grew organically, from the women's experience and what they recognize they need...we do as much as we can, as much as the funding will allow to continue to meet the needs of individual women, participants (Joanne, service provider, August 1996).

Perhaps the FOCUS program evolved through the first few years of implementation, but the program was largely designed by service providers working within the YWCA. Additionally, the current participants did not feel that the program had grown "organically" from their involvement. As well, their input was not sought as often as they would have liked.

We were supposed to get one [evaluation] when we got back from our holiday but we didn't get one (Laura, participant, August 1996).

They recalled completing evaluation forms after the first half of the program and remembered being told that there would be others. However, they did not see any changes being implemented based on the minimal input they had.

They ask for feedback but I don't think that they got anything done about it...they assume there weren't any major things going on, so it was only bright and shiny, you know, happy people... (Susan, participant, August 1996).

Interestingly, the women felt that too much of the onus was on them to tell the service providers how they were doing in the program, and it was seldom asked how the program design or curriculum could be improved.

They're [evaluations] mostly about your own needs, not the actual program (Kathy, participant, August 1996).

In a month-end report at the end [of the FOCUS program] you can write your comments and you fax them to your worker (Gabrielle, participant, October 1996).

In contrast, several of the service providers felt that the single mothers were involved in some of the decision making and program design. Other service providers had different interpretations about the decision-making and input of the FOCUS participants:

As far as planning curriculum, it's all the staff, as a team [decision-making]...we have a structure that we work within, like the curriculum, but we always give them [the participants] choices as far as what they want to work on....the initial curriculum came from a survey, a feasibility study of young mothers in the lower mainland (Janet, service provider, August 1996).

Over several months of observations, I saw little evidence of the FOCUS participants being consulted for either informal feedback or more formal evaluations.

A separately organized department of the Individual, Family and Community Services was the YWCA Single Mothers' Support Groups. Granted, I learned about the Support Groups' approach to service delivery through discussions but never observed any sessions. Apparently, these support groups approached service delivery very differently and could have been described as being more women-centered.

We base it on a popular education model in terms of the information comes from the women and the formula is set up by the women not the facilitator going the other way saying this is what we are going to do tonight. So the content is pulled out by the facilitator and they lead the process, but it's definitely the women who determine what the process is (Shelley, service provider, September 1996).

There were over thirty YWCA single mothers support groups which were conducted on a weekly basis throughout the Vancouver area.

The single mothers support groups deal with women who are maybe 24 and up...the base is self-esteem work, with community information and referral, past issues in terms of sexual abuse or parenting issues - how that is reflecting now, relationship issues, repeating negative relationship patterns (Shelley, service provider, September 1996).

In comparison to the single mothers support groups, FOCUS service providers rarely involved the women in decision-making and program design, and the program was essentially imposed upon the participants. The YWCA single mothers' support groups appeared to be run collectively and be participant-driven, meanwhile the facilitator guided the process and enabled the women to explore areas of interest and need.

I feel that there's a lot of work to be done in the whole self-esteem lifeskills issues before jumping them into employment, or as well, maybe both streams working together. But I feel that what happened to FOCUS, and I mean it was a push from the government, is getting them to work so the lifeskills program was minimized and the real focus was on getting them into employment (Shelley, service provider, September 1996).

The nature of these very different services may have reflected their overall purpose, in that FOCUS had to remain accountable to the funders and the appropriate success indicators had to be statistically compiled. As will be demonstrated in the next section, funding played a larger role in the survival of FOCUS since greater amounts of money were required to sustain the program and the funding criteria was clearly delineated by the provincial funders.

The Social, Economic and Political Context:

Government Funding and the Evolution of the FOCUS Program

The FOCUS program came about through a lengthy process of concerted efforts of a number of individuals and organizations working for the Alliance of British Columbians concerned for pregnant and parenting teens. A needs assessment and feasibility study funded by the Canada Employment Center indicated that the plight of single young mothers in Vancouver was deplorable and worsening, that existing services were insufficient and that young women and their children, who were already living in poverty, were spiraling downward with little hope or opportunity to improve their education level or their marketable skills (Joanne, service provider, August 1996). At the conclusion of the needs assessment, in 1991 the YWCA was chosen by the federal government as the organization to operate the program for single mothers. The money for this program came from SED - Severely Employment Disadvantage category, which imposed certain restrictions. From the outset, federal government funders required two measures of accountability from those managing the FOCUS program: a 75 percent adherence rate for the full duration of the FOCUS program, and, that 75 percent of FOCUS graduates be employed within six

months of graduation (Janet, service provider, August 1996). As well, age restrictions were placed on the program. The women participating in the program had to be between 16 and 24 years of age and must have had their first child when they were a teenager (Marilyn, service provider, June 1996).

I mean we want it for all single moms but our single moms have to have your first child when you were a teenager, and all those kinds of restrictions that likely the YWCA wouldn't put on, but which the federal government did... (Marilyn, service provider, June 1996).

This funding lasted for the first three years of the program, and in the fourth year the funding came from the federal government's community based program called Canadian Job Strategies. In December 1995 that funding ended due to cutbacks. Subsequently the staff at FOCUS submitted a proposal to the Education, Skills, Training and Labour Ministry in response to a call for youth services. The FOCUS program did not get funded under this Ministry and service providers were told that young single mothers were not a priority. The policy of the province of British Columbia stated that single mothers could stay home with their child and collect income assistance until their youngest child was seven years old.

Instead of paying people with a subsidy you're [the government] just giving it to me. They're basically just paying me to watch my son, 'cause I'm just sitting at home, otherwise I'm out and paying someone else to watch him (Kathy, participant, August 1996).

One service provider commented on how this policy bred dependence and apathy, common themes of the welfare ideology.

And so if you're a young single mom who has some kind of motivation, wanting to get off of the cycle of dependence, income assistance, than the province is saying no, you can stay home for a few more years (Jen, service provider, July 1996).

One participant was aware of the provincial government's provisions for single mothers and considered her participation in the FOCUS program a major yet difficult step towards financial independence:

Just getting up in the morning and getting here is a major thing. We all do have the option when are children are at such an age that we can stay home and collect a flippin' cheque (Susan, participant, August 1996).

At this point the FOCUS participants, FOCUS staff, YWCA executive and the YWCA board of directors protested and lobbied the provincial government, and earned a one-time grant for a 12 week period that came into effect January 1996, which kept the program alive. Since then, the staff submitted a proposal to the Provincial Ministry of Social Services' Special Community Services Fund (under the Ministry of Human Resources) that was allocated to Vancouver East neighborhoods and was successful (Joanne, service provider, August 1996). This funding source, however, again imposed specific criteria on the women who can access the FOCUS program, as a service provider explained:

So that was that particular funding mandate, and we could offer services to young single moms in the lower mainland, with a priority of access for women living in East Vancouver....So what that means is that there are whole geographical areas that we're not able to serve or offer services to young single moms...and we need to get more women coming just from East Vancouver to do that, but it has also reduced the numbers that are being served (Jen, service provider, July 1996).

Funding for the FOCUS program has remained unstable over the past year, having an adverse effect on the service providers. Many of the service providers were uncertain about their job security and questioned the extent of creativity or initiative that could be implemented. As well, the funders dictated the number of staff hired to offer the FOCUS program.

Staffing is very much a function of funders, funding bodies, and funding amount (Joanne, service provider, August 1996).

The cohesiveness of the staff and their team-work was altered as a result of the funding crisis:

When I think of this past year of crisis management, all rising out of funding, that the staff coped with....the collectivity [of the staff] was damaged somewhat out of crisis management, and that's unfortunate (Joanne, service provider, August 1996).

Individually, the job security of the service providers was continually an issue, since even small funding cuts could translate into lost jobs. This was a constant source of stress for

the service providers and resulted in a high burn-out rate (Janet, service provider, August 1996).

Sometimes there aren't even words to describe how difficult, and I know I share those feelings with a whole lot of workers across the country, not knowing what's your income or livelihood is going to be in three months, three month increments is really stressful after awhile (Joanne, service provider, August 1996).

In an informal discussion, one service provider said that although having little job security was difficult, she knew that she had other employment opportunities available to her. Her primary concern was that the FOCUS participants would have no where to go if the program folded. She said that she fights for the women, not her job (Laurel, service provider, January 1997). The FOCUS participants were aware of the funding difficulties and realized that their experiences were affected.

Yeah, things are really disorganized right now, it's not up to snuff the way it was, it's not the same (Susan, participant, August 1996).

The service providers were facing the possibility that more funding would be cut, which affected the scope and nature of services provided. Funding bodies had recently put additional emphasis on employment programs because they were eager to fund programs that would take the unemployed off social assistance. This strategy was criticized by a service provider who felt that forcing young single mothers into employment before they had dealt with greater issues in their life (e.g. past and current experiences with emotional or physical abuse and dysfunctional family dynamics) would only set them up for failure. Funders drove policy and program direction and risked overlooking essential issues in the women's lives, as was revealed in the following quote.

Funders want to see numbers and results and employment is a big hot issue in terms of getting single moms or teen moms back into the employment and off the Welfare role. So that's where the push is coming in terms of funding and so the piece of whether these women are really ready to maintain a long term job or have the ability to do that considering not just the mental and intellectual capabilities but the actual lifeskills ability to actually retain and maintain the responsibility of a job, I think that's the piece that's missing (Shelley, service provider, September 1996).

It was believed that the YWCA's willingness to cater to the provincial government's mandate for decreasing unemployment, without looking at the long-term implications for the women in the program, could potentially affect the success rates of the program and put its longevity in jeopardy (Shelley, service provider, September 1996).

Another service provider mentioned that funding climates had changed, and that the managers and facilitators of FOCUS spent most of their time looking for funds and trying to meet the funders' expectations, which caused them to neglect participant needs.

It's a process of change that wasn't well thought out between the two governments [provincial and federal], so that the participants are getting lost (Janet, service provider, August 1996).

Since much of the service providers' time was spent trying to secure funding, the continuity of the program and follow-up measures were sometimes neglected. The immediate circumstances and crises facing the survival of the program superseded the longer-term provisions and considerations for program participants. According to another service provider, the nature of the program provided had changed; the women had a less rich experience with FOCUS, and program quality had declined.

When I think of what the program used to provide the women with versus now, which is bare bones, it's just a less rich, less motivating experience. They're exposed to less now than they were then, thus haven't had the examples of what they can reach for, how high they might set their goals, what they might be able to provide themselves and their families, because they've not been exposed to it (Joanne, service provider, August 1996).

The FOCUS participants were aware of the funding problems, and through word-of-mouth learned about the greater offerings of the program in previous years.

Well it's a bit of a downer 'cause you knew people who'd been here when they had more funding and they'd been sailing and that's what I wanted to go for, you know (Kathy, participant, August 1996).

They came to us saying "you have to make your own graduation happen or else you don't have one" (Susan, participant, August 1996).

Another participant who had discontinued her involvement with FOCUS two years prior and who was currently attending mentioned a limitation through restricted funding.

Well, I can say that when I was in the program before there was academic teacher ... (Barbara, participant, August 1996).

The first four years of FOCUS program enjoyed greater funding, therefore the service providers felt a more stable and consistent commitment to the program. As well, the program involved more hours of programming per week, greater resources enabling more frequent and varied recreational experiences, a greater variety of employment opportunities, and more consistent daycare. One participant commented on the funding cuts and her consequent struggles with childcare:

The reason FOCUS doesn't provide daycare anymore is because of its funding, if it was up to the people in this place [the service providers] they would do it (Shannon, participant, October 1996).

The funding crisis affected the energy levels and attitudes of the service providers and they acknowledged that this rippled into the experiences of the women in the program. However, the service providers were caught in a dilemma: on the one hand they wanted to stay true to their program mandate and the needs of the participants, but they also had to fulfill the expectations of the funders to safe-guard their jobs and the program.

So you're always walking that tight-rope between these women know what's good for them, this is what they've asked for. But what do the funders say we're supposed to be doing? (Janet, service provider, August 1996).

The funding crisis had implications that filtered into the relationship between the service providers and the program participants. One service provider suggested that the lack of control experienced by the participants was directly related to the funding. The FOCUS workers did as much as they possibly could to meet the needs of individual women, but there were restrictions in place from the funders. Several of the service providers expressed frustration and anger about the current funding situation. Those most frustrated were the workers who had first hand experience of the effects of the funding cuts and the implications of these cuts on their job security and program delivery.

I think the frustration I feel is more to do with the fact that we spend all our time developing a program that suits the needs of what the funders want now... All the work that we do is to keep the program open so that there's something for them, and certainly they get stuff out of it. But they're not the focal point that they used to be. Sometimes it feels like the focal point is just keeping the damn place going (Janet, service provider, August 1996).

The women in the FOCUS program were aware of and affected by the funding cuts. They mentioned several times that the funding cuts had narrowed their experiences in the program such as the reduction in the number of health and wellness sessions. From the women's perspective, the majority of the cuts inhibited what was offered for the Friday afternoon recreation sessions. It seemed to them that the ultimate mandate of the FOCUS program was to improve their employability, so recreation and physical activity were the first to be eliminated. The women were critical of the cuts and suggested that increased funding was imperative to improving their experience with FOCUS. They also acknowledged that the program offered much more than they would have ever had experienced on social assistance alone. Despite the cutbacks, they were thankful for their involvement and appreciated the efforts made by the service providers.

But they do an adequate job, I mean I'm not going to put them down by any means, the people in this program [the service providers] are doing it to the best of their abilities, as I see it now, that's a reality (Susan, participant, August 1996).

The funders of any social program hold a significant and controlling influence in the direction, implementation and nature of the program delivered. The FOCUS program funding originated from a needs assessment, and since then the only feedback received at the governmental level was statistical summaries of program success (i.e. 75% adherence and 75% job placement among FOCUS graduates). The participants had never communicated their needs to the funders, and their daily experiences and realities were overlooked when funding decisions were made. The change in policy of several provincial government ministries that coincided with the re-election of the New Democrat Party under Glen Clark in the spring of 1996 shifted the focus of social program policy towards

“Youth” and deemed young single mothers on welfare to be a lower priority (Janet, service provider, August 1996; Jen, service provider, July 1996). A service provider mentioned how it is ironic that funding would be stripped from a group of women who continued to display lower levels of health and well-being and were responsible for their children targeted by this policy (Janet, service provider, August 1996). In addition, the single mothers in this study displayed high levels of motivation and initiative to become more self-reliant, less financially dependent on the government, and to be a better provider and role model for their children (Kathy, participant, August 1996; Susan, participant, August 1996; Gabrielle, participant, October 1996).

The YWCA Wellness Centre: Health and Wellness Service Provision

A secondary site for investigation was the Wellness Centre, where the majority of the YWCA's health and wellness services were offered. The question was whether the single mothers had access to this option to augment the limited offerings available in the FOCUS program. The YWCA Wellness Centre offered extensive physical activity and health services including training, fitness and wellness classes. As well a variety of programs to assist women with special physical or vocational needs were available, (e.g. arthritic aquafit, osteoporosis self-management, self defense for women, and physical training for non-traditional jobs such as RCMP/firefighter/police training program). The “state of the art” Wellness Centre included a pool, hot tub, steam bath, several aerobics studios, a Keiser circuit, Hammer equipment, free weights, a “women's only” section, fully equipped change rooms and a host of other services including massage therapy and physiotherapy. The staff, volunteers and participants in the Individual, Family and Community services of the YWCA recognized that the facility was high-quality and that the programs offered were professional and current.

I think they're excellent programs, I have the utmost respect for the programs and the people who develop and give them, and it's a pretty modern facility and I assume that it has all the up to date equipment (Shelley, service provider, September 1996).

Access to the YWCA Wellness Centre

Fitness is a lot logistics, 85% of the people who use our fitness centre work within a six square block radius, and that's not an accident (Marilyn, service provider, June 1996).

Advertising and promotions for the YWCA Wellness Centre targeted the geographic area surrounding the facility, which was largely a white-collar working population. Program scheduling catered to those with a nine to five work-day, with fitness classes primarily scheduled for the lunch hour and after work. The YWCA's membership fees, location, scheduling, atmosphere and exercise equipment appealed to professional middle and upper class men and women who work downtown and are seeking a top-end fitness facility. The attendance of low-income single mothers was therefore inhibited.

...they're [low-income women] not going to come here no matter what it looks like, they're not going to come on their own, or very few of them do, so it's up to the staff to get them here, to make it apart of the program and to make it a focus (Marilyn, service provider, June 1996).

One service provider believed that even if the barriers caused by an up-scale facility could be removed, low-income women would still not attend. She maintained that low-income women were simply uninterested in fitness unless they were guided by a service provider. She assumed that the YWCA "expert" must educate the low-income single mothers, clearly demonstrating a power-based attitude towards service provision. These assumptions were reflected in the FOCUS program, as only minimal physical activity opportunities were provided for participants, and the incorporation of more physical activity into the curriculum was largely dependent on the individual service provider.

Another service provider believed that the setting of the new facility affected the accessibility of the YWCA Wellness Centre, and believed that single mothers would be intimidated by the flashy surroundings.

I think there may have been more women who would have felt more comfortable in the old facility...it's [the new facility] pretty awesome now. I don't think it's really intensified the situation, I think maybe magnified it... it's made it a little less likely, a little less accessible (Janet, service provider, August 1996).

She spoke at length about the differences between a family YWCA and a downtown YWCA, and emphasized the importance of activities for low-income children and their absence at the downtown YWCA.

It's not a family Y...so that gives it a different atmosphere. It's an adults only place. Now that's not necessarily going to keep low-income women away but it's one factor, along with location...the women I work with are much more likely to use a community centre where they can drop off or do something with their children at the same time, especially when they have small children...see this Y doesn't have that, so you have to somehow free yourself of your children to use this facility (Janet, service provider, August 1996).

Interestingly the FOCUS participants did not mention that they found the YWCA Wellness Centre's setting intimidating. They all suggested that they had little time or money to engage in physical activity, and for some the downtown location and lack of childcare facilities were the biggest constraints.

The weekends or whatever, I could Skytrain it downtown and do that type of thing, but I don't have to come downtown unless I'm freelancing, I'll come down here for the money no problem, but just to come to the gym, just walking is enough for me, I'm not really into that at all (Susan, participant, August 1996).

Disjunctures Within the Organizational Subcultures of the YWCA

It was evident that there were stark contrasts between the 'for-profit' and the 'not-for-profit' sectors of the YWCA (refer to figure 4.5). In fact, these sectors exhibited opposing cultures as revealed in the following quote:

Figure 4.5

ORGANIZATIONAL STRUCTURE AND CULTURES OF THE YWCA

	Individual and Family Services (FOCUS program)	Health and Wellness Services
1. Who does it serve?	<ul style="list-style-type: none"> • low-income women, many are unemployed • large majority single mothers • variety of ethnicities, many First Nations and Latina women 	<ul style="list-style-type: none"> • 99% work within a six block radius of the Wellness centre • majority work in corporate sector • majority childless women and men • 90% Caucasian, 10% Asian
2. What services does it provide?	<ul style="list-style-type: none"> • Crisis-management i.e. safe and adequate housing, adequate nutrition • Pre-employment and employment programs • Support groups 	<ul style="list-style-type: none"> • Health and fitness such as aerobics classes, weight training, swimming, specialty programs such as meditation, Tai Chi, yoga, etc.
3. How are the services funded?	<ul style="list-style-type: none"> • Not-for-profit • Social welfare model • Primarily government grants, some money received from the 'for-profit' division of the YWCA 	<ul style="list-style-type: none"> • For-profit • Market-driven, commercial • Members and hotel residents pay user fees, must be self-supported and self-directed.
4. What is the organizational structure of the sector?	<ul style="list-style-type: none"> • Collectively run, all service providers given a voice • Non-hierarchical, power sharing 	<ul style="list-style-type: none"> • Definite organizational structure with a CEO and directors of different departments. • Hierarchical and structured
5. How are goals and objectives set?	Based on the collective agreement of women involved, focusing on "process" rather than "product" unless specific outcomes are specified by the funder(s).	"Bottom-line" to be reached each month, services provided which will generate money from the downtown sector.
6. What is the organizational culture?	No one is turned away regardless of socioeconomic status, income, race or culture. Warm and friendly, a sharing and trusting environment is nurtured.	"High-end and upwardly mobile" atmosphere, granite interior and exterior, high-technology, "state of the art" equipment, large foyer, located in the heart of downtown Vancouver.

The Y is really three very different businesses, we have a hotel/residence, we have a health and wellness centre and the community and social services and it's three very different cultures, three very different value systems and it's an ongoing struggle to do that but if we weren't all in the same organization then the social and community services wouldn't have the opportunity to have the moms participate in the health and wellness centre, so it's something that we're very aware of and work very hard at and it gives on both sides lots of opportunities that wouldn't be there otherwise (Marilyn, service provider, June 1996).

Another service provider concurred that different cultures were evident within the YWCA:

...it's a bit of a polarity of values, because physical fitness has to raise money in order to supplement our programs. So where do you stop on that, how many subsidies do you give, I don't know, it's a difficult one (Shelley, service provider, September 1996).

Some of the service providers acknowledged that exercising regularly may be not be apart of a low-income single mothers' daily reality, and that it was difficult for many women living in the East end to attend the Wellness Centre.

...when the moms come and do come on a regular basis that's good, and they see that and they like that but it's a challenge, it's a culture thing, if you live on the downtown east side and come here, it's a bit tough sometimes, and so it works only if the moms come in groups (Marilyn, service provider, June 1996).

It appeared that little had been done to link the main departments within the YWCA.

This departmental stratification created inequities in access to the health and wellness services offered by the YWCA. Women involved in the Individual, Family and Community services had few opportunities of becoming more physically active at the Wellness Centre. The approaches to service provision adopted by the Wellness Centre and the Individual, Family and Community Services were very different and reflected conflicting values.

We do [have cross-over] in that all of our clients are able to access the fitness centre free, which is great, I think that's where it stops actually, there may be the odd program that the women would go to without my knowledge for instance, but we don't really work hand in hand together (Shelley, service provider, September, 1996).

As well, a service provider who once worked as a volunteer instructor and now works with the Individual, Family and Community Services commented:

Well you see that's the difference, the social and community services and the people who run the fitness facility, they don't work together as much as they could. It's just the way it's set up and such....Just from what I've learned so far, it seems that the approach of the Y is that it offers the physical activity or fitness to those who can afford it, and it's still a fringe thing, and I'm surprised that they don't cross over more than they do, considering it's all within the Y (Janet, service provider, August 1996).

However, the lack of bridging between the departments in the YWCA was not particular to the Vancouver branch.

It seems to be nationally many Y's across the country are recognizing this [lack of cross-over] and are trying to deal with it, and to it's credit the Vancouver Y is at least giving lip service to the idea that the departments need to be more interrelated (Janet, service provider, August 1996).

Despite the fact that only one FOCUS participant regularly attended the YWCA Wellness Centre, none of the FOCUS participants said they felt uncomfortable with the new facility. However, several mentioned that if they wanted to work out they would not make the effort to travel downtown, instead they would opt for a community centre or facility closer to their homes.

Sometimes it's hard to go out but there's a community centre close to my house, a couple of blocks away (Maritza, participant, October 1996).

Points of Disjuncture Between the Consumers and Producers of the FOCUS Program

In many cases the producers of the FOCUS program had different understandings of the experiences of low-income single mothers that created disjunctures in the provision and consumption of wellness services.

Meanings, Experiences and Images of Low-Income Single Mothers

Descriptions of the FOCUS Participants as Needy

According to a proposal for funding written by the YWCA for the provincial government in 1995, the majority of women attending the FOCUS program were on income assistance, were survivors of abuse, and required a combination of supports, training and opportunities. They were characterized as having low self-esteem, histories of self-sabotaging behaviours, unresolved anger, a loss of self-esteem and diminished personal support systems (YWCA FOCUS Pre-Employment Training Program Proposal, 1995). The service providers interviewed concurred with the characterization of the program participants:

Many of our women, yes they have a history of physical violence, emotional violence, sexual violence but having a history of it suggests that it can't happen right now. Most of our women are facing it right now (Joanne, service provider, August 1996).

You're dealing with sexual abuse, you're dealing with really deprived dysfunctional families that they come out of, so that they're already coming to you pretty damaged, plus they have added the piece of being a parent themselves (Shelley, service provider, September 1996).

FOCUS, it's remarkable, these young women come into the program and they're multi-barriered and they've got all kinds of hurdles to overcome and they come and they can barely put four words together... (Marilyn, service provider, June 1996).

The service providers typified the women in the FOCUS program as a homogeneous grouping and they constructed their identities around common stereotypes associated with

welfare dependency. Ethnic and sexuality differences were rarely acknowledged, and it was inferred that the needs of the women were similar despite the diverse nature group of the participants.

The issues of sexuality and race remained largely unexplored. It was difficult to uncover a way in which a non-heterosexual woman could feel safe in a focus group environment. After the data collection phase I recognized that this was a problem and that one-on-one interviews with the participants would have been beneficial. Although only a few of the women mentioned a boyfriend or dating men, I assumed that they were all heterosexual since they were single mothers. This omission reinforced my heteronormative assumptions and caused homosexuality and bisexuality to remain private and personal matters, thus preserving heterosexual hegemony.

Admittedly, many of the women had experienced some or all of the obstacles mentioned in the project proposal, yet generalizing to such a degree and overlooking diversity risked universalizing these issues to all low-income single mothers thus perpetuating misconceptions and negative stereotypes. As revealed in the following sections, the women participating in the FOCUS program were unique individuals who had varying experiences, backgrounds and constraints.

Figure 4.6

Ethnicity of Past FOCUS Participants

	1992		1993		1994		1995
	Target	Actual	Target	Actual	Target	Actual	N/A
Total Number of Women Participating	45	45	40	40	45	45	N/A
Visible Minority	5	2	5	8	7	8	N/A
First Nations	4	7	4	14	10	9	N/A
Disabled	2	-	3	1	3	-	N/A

The above table was included in the YWCA FOCUS Pre-Employment Training Program Proposal (1995) and illustrated the ethnic breakdown of the women involved in the program. In the first three years of the program, the majority of the participants were white and able-bodied. However, the women in the FOCUS program in 1996 represented a variety of ethnicities. Of the visible minorities, approximately forty percent were Latina, five percent First Nations and five percent Trinidadian, while the remaining women were Caucasian and Canadian-born. All of the Latina women reported struggling with English and this contributed to their difficulties finishing high school and finding employment. Many of the women reported experiences with racism and with little tolerance or understanding of their differences and needs.

One of the program facilitators explained that there were no East Asian or East Indian women involved in FOCUS because being pregnant as a teenager out of wedlock was more culturally shameful for these ethnic groups. The explanation provided was that Asian women have more difficulties accessing community services, consequently they choose to remain within the confines of their family and support networks (Laurel, service provider, October 1996).

Learning about the realities and daily experiences of the women in the FOCUS program enabled a greater understanding for how physical activity fits into their lives. The following sections describe the central issues and constraints facing the single mothers.

Discrimination and Other Barriers

Several women reported encountering problems at school involving conflicts with other students and teachers. These experiences made the women's involvement in programs like FOCUS more unlikely and challenging.

I left school when I was in grade 10, I had problems there, they were racist and stuff, and problems with my parents, I had so many problems
(Cynthia, participant, October 1996).

Another woman reported difficulties staying in school after she had her baby.

I was having problems with my school, I was a good student and I have always been a good student but the thing was that I was always late in the mornings and by that time my baby was only 2 months and he didn't sleep at all in the night, and I didn't have enough sleep, so I used to take an hour more in the mornings so I was always late (Patricia, participant, October 1996).

A third woman spoke of racism and unfair treatment at her school in northern British Columbia.

I went to school on the first day, I didn't have no classes, nothing, he [the principal] had it planned out already, he said that he thought it was better for me to take the year off, that's all (Leann, participant, October 1996).

Through our discussions many of the women recounted numerous times when they had been treated unfairly. However, they said that it was too demanding, time-consuming and expensive to pursue any recursive action. One woman said that her social worker was forcing her to take her boyfriend to court, and that she was expected to travel to Richmond and to cover her own expenses. Even though she knew her boyfriend should be paying child support she said the hassles that were imposed on her were not worth the potential payback (Cindy, October 1996). Another women spoke of discrimination in being hired as a pregnant woman, but said that she could not be bothered going through the legalities to be hired.

I'm well aware that it's probably discriminatory not to hire you when you're pregnant, but I didn't have time for long court battles, they needed a worker, I couldn't supply what they needed me for, and I was just a shit out of luck (Kathy, participant, August 1996).

Many of the women had dealt with discrimination when renting an apartment and mentioned how difficult it would be to fight the refusal of the landlord. They said that even if they followed all the necessary legalities and won a court battle, they would not want to live somewhere where the owner "hated" them and their children (Patricia, Cindy, Gabrielle, Shannon, Maritza; participants, October 1996).

Although all of the women had experienced discrimination they sometimes felt powerless in facing it. Underlying feelings of isolation, aloneness and little control were apparent throughout our discussions.

The Cycle of Poverty and Experiences on Social Assistance

In an informal survey conducted by program facilitators in 1995, it was revealed that about 66% of the participants had mothers or grandmothers who had been on income assistance, and few of them had regular sources of income (Jen, service provider, August 1996). Two-thirds of the women in the program reported that the poverty and welfare-dependency was generational and many of them were determined to overcome it.

That's what means the most to me, I don't want to repeat any kind of cycle. That's part of the reason why I came here, to explore the personal development (Kathy, participant, August 1996).

For the majority of the other single mothers it was their pregnancy and/or the birth of their child that forced them onto social assistance (Susan, participant; Maria, participant, August 1996). At times, for some of the women the reality of living in poverty was inescapable and pervaded most aspects of their lives. Feeling frustrated with the welfare system caused many of the women to strive towards financial reliance which helped to explain their involvement in the FOCUS program.

I hate being here [living in poverty] and earn squat, to barely subsist while your kid grows up and sees this (Susan, participant, August 1996).

Throughout the focus groups the women spoke at length about their experiences with the welfare system.

It's [social assistance] just a big run-around, it's always something (Kathy, participant, August 1996).

You have to deal with alot of people and you have to fight for a lot of shit that you're entitled to, but you have to search it out on your own and it's a pain in the ass... It's the most demeaning position to ever be put in in your whole entire life (Susan, participant, August 1996).

One woman clearly had negative experiences with her social worker and the welfare system.

Welfare sucks, my worker sucks, she's got the biggest case load in B.C., and she is a hard person to get a hold of, she gives you absolutely nothing (Shannon, participant, October 1996).

The women also acknowledged that raising a child in poverty is a constant struggle.

*I have always lived on the poverty line, never been above it.
Except for when I was working four jobs, but right now I'm
way back where I started* (Susan, participant, August 1996).

The women referred to being a positive role model for their children and how others perceived their mothering abilities. Several of the women mentioned that their friends, family or social service workers questioned their ability to be good mothers. They also commented how strangers would make derogatory comments towards them such as “kids having kids”. These attitudes and remarks frustrated the women. Two of the participants commented:

Everyone acts like I take money out of their own personal pockets
(Kathy, participant, August 1996).

*People feel they pay for single mothers out of their pockets, as tax
payers they believe that they're paying for everything we have out of
their own pocket, that's how they see it* (Susan, participant, August
1996).

As much as their experiences with social assistance and their financial struggles were onerous and problematic, the oppression in the women's lives was intensified by public misconceptions and negative attitudes. They were worried about financial burdens yet the ways in which people ostracized and reacted to them was also bothersome. They spoke passionately and emphatically about “what people thought”, and seemed motivated to dispel common stereotypes about welfare mothers' laziness, ineptitude, and lack of motivation.

Not surprisingly, the women defined their experiences with the FOCUS program much more positive than their experiences with social assistance. One woman mentioned that although social services provided her with an income, the FOCUS program was more important to her since it was teaching her the skills and knowledge to get off welfare (Kathy, participant, August 1996). Becoming financially independent was central to the provision of a “better life” for their children. The women saw the FOCUS program as their way towards financial independence and job security.

The service providers discussed the participants in the FOCUS program and how their experiences with welfare had affected them. The cycle of poverty and the resultant feelings of dependency and little control were thought to have pervasive and rippling effects.

If you could generalize about the population that I work with at FOCUS, very few feel that they're in control of their own destiny...mostly they're in a reactive place where they react to what happens to them. They don't make things happen in their lives (Janet, service provider, August 1996).

In the FOCUS program the women's possibilities and potential in education, skills and training were the central consideration. However, looking beyond their immediate situation and exploring past influences and experiences can often be more revealing and useful in generating alternative paths and options. It is possible that when service provision focuses on securing employment the larger influences and issues affecting the daily lives of the low-income single mothers are overlooked.

Overcoming Stereotypes of the "Welfare Single Mother"

Daily the women encountered stereotypical attitudes and misconceptions, through encounters with their own family and friends. Some mentioned that friends or family resented their involvement with FOCUS:

Those people who are criticizing me the most [sister, ex-boyfriend] they're not far from it [welfare] either (Kathy, August 1996).

All of the women agreed that it was very difficult to find a suitable apartment to rent.

I have a lot of problems getting a nice place, cause they look at you and they see the baby, and they say this girl likes parties (Patricia, participant, August 1996).

Some of the women reported that they were living in "dumps", surrounded by drug dealers and prostitutes. They were visibly unhappy with their unsafe living environment, but felt that there was little they could do to change it. As well, "drugs, sleeping around, drunk..." (Kathy, participant, August 1996) were commonly associated stereotypes with single

mothers. Some of them said that they have periodically gone through difficult times, and some who had for a time lived on the street had struggled with substance abuse.

However the women in FOCUS were quick to say that their involvement with the program differentiated them from the common stereotype of the single mother. Although the women were frustrated with such stereotypes some were willing to generalize about other single mothers on welfare:

...and there are a lot of those, I see them all the time...[women] in the same boat doing less (Kathy, participant, August 1996).

Service providers acknowledged that stereotypes play a role in decisions made by policy makers. It was believed that women who are unable to survive on the money they have are poor budgeters, essentially blaming the victim and failing to realize that women barely subsisting may have too little money to budget (Joanne, service provider, August 1996). As well, one service provider believed that the women in the program hold themselves in such low esteem because it is what society teaches (Joanne, service provider, August 1996).

The Single Mothers' Daily Priorities

The women in FOCUS realized that the program offered them an opportunity to train and discover what they really wanted to do to earn a living. Many of the women were prepared to pursue more education and/or training in order to secure employment. The majority of the FOCUS participants agreed that there were a few women in the program who did not make responsible decisions and who sometimes neglected the needs of their children.

I guess it's [being a good parent] a matter of responsibilities and what comes first (Maria, participant, August 1996).

However, most of the women took their roles as mothers very seriously and were critical of women who appeared irresponsible or unthoughtful.

It's not necessarily the stage [of readiness to change], it bothers me to see people who don't buy food for themselves of their kid that month, it's annoying to watch. And they don't do anything about it and we all go out and get them

stuff and they don't say thanks. And then you see them spending money on ridiculous items, it's hard to watch...it's like come on, this is you, your family, this stuff's important, how come you don't know that! (Kathy, participant, August 1996).

The women spoke at length about budgeting and how careful they were since their resources were limited and they have children to support. They all had ways to keep track of their expenses and to plan for upcoming bills.

I usually have a huge budget sheet, I estimate all my groceries, I over-estimate it all the time so I actually have fun money, that's what I buy my six-pack with, or whatever I want that month as a treat (Susan, participant, August, 1996).

The women then spoke about how they chose to spend their "extra" money, and mentioned going to a bar or buying a six-pack of beer. They said that their friends were most interested in going out, partying and enjoying their free time at a bar or club.

It's planning the people to go with you [to the gym], to do it on your own time, I don't have anybody who would probably go with me (Susan, participant, August 1996).

The women were also preoccupied with finding activities that they could do with their children. It seemed that the women did not feel entitled to physical activity or doing activities alone. Additionally, childcare arose as an issue and most of the women mentioned that they had few family members or friends they could rely on for support.

Childcare

A theme that arose throughout the focus groups was childcare complications and responsibilities. It was very evident that the women's primary consideration with everything they did was their children. Through their involvement with the FOCUS program childcare was paid for by the provincial government. However, despite the fact that there was a large daycare within the Wellness Centre and a Granny Y daycare within a block of the FOCUS program, only one woman had her child in a YWCA daycare (the Granny Y daycare). One woman mentioned that if she had regular childcare then she could possibly workout.

That's my problem now, daycare...then I could go early Sunday morning and workout (Gabrielle, participant, October 1996).

All of the FOCUS participants expressed frustration with their childcare situations and with the inaccessibility of YWCA childcare.

I wish there was help with daycare because that's the most difficult part, the daycare when you're working or studying (Maria, participant, August 1996).

Having two kids and the travel time, two different daycares... (Barbara, participant, August 1996).

They felt that the YWCA childcare was reserved for wealthier women and men and believed that it was unfair that the daycares were so difficult to access.

I mean, I'm not blaming these people here but if FOCUS is part of the YWCA and the YWCA has daycare... (Patricia, participant, October 1996).

Only one woman involved in FOCUS (of the 11 women spoken to) had her child in a Granny Y. When she mentioned the cost of the YWCA childcare the other women were astounded and could not believe that it was so expensive.

But then, too, Granny Y's is so expensive (Gabrielle, participant, October 1996).

The women questioned how the YWCA could provide such a "high-end" childcare arrangement when the YWCA was also attempting to accommodate low-income women.

Question: *From what I've learned so far one of the reasons why they chose to locate the FOCUS program here is because it's close to the Y which has daycare, but none of you have your kids in that.*

Kathy: *It's not up and running right now.*

Susan: *We can't get in.*

Barbara: *It's all booked and full and everything.*

Laura: *There's two daycares, there's one down the street and one over here.*

Question: *And neither of them you could get into?*

Barbara: *No.*

Susan: *There's a waiting list.*

Barbara: *It's a mile long.*

Susan: *Yeah, the waiting list is astronomical, it's ridiculous.*

When discussing childcare arrangements with some of the service providers a contrasting picture emerged. One service provider claimed that the women in the program received YWCA childcare, and said that childcare, transportation and food were

considerations for everything done at in the YWCA Individual, Family and Community services.

The YWCA provides an opportunity for childcare very close by, which is why the FOCUS program is where it is, and some people would question that, like why are you providing an employment program for single moms on income assistance when you're in a downtown Vancouver office building and we did that because we knew that the childcare was critical... We believe that in order to provide programs for women we have to have childcare (Marilyn, service provider, June, 1996).

It was obvious that this particular service provider rarely communicated with the women in the FOCUS program and was unaware of the childcare difficulties and frustrations they faced on a daily basis. She spoke in an idealistic manner and rationalized the location of the FOCUS program based on misinformation regarding the participants' inaccessibility to YWCA daycares. Since the facilitators worked on a daily basis with the participants and witnessed their struggles, they were more familiar with and empathetic towards the women's childcare complications.

Social Isolation

Many of the women involved in the FOCUS program reported that they had felt alone and isolated with their problems. Some described how their pregnancy and the birth of their child alienated them from family, friends, school and other support networks. One woman said that when she became pregnant her mother said she had ruined her life and to not expect her support. Another woman was told by her mother that once she had her baby, she should not go out with friends to socialize. These guilt-laden messages estranged the women from their families and inhibited them from asking for support.

My mother's friends used to say you've ruined your life...and when my mom got like that I felt really bad. She even told me a few weeks before my baby was born, you have to take good care of that baby, don't think that I'm going to raise that baby for you. I wasn't asking that, and that's why I don't have a good relationship with my mother, cause if I ask her to baby-sit him, she won't (Patricia, participant, October, 1996).

Others claimed that throughout their lives they had few support structures in place and were almost entirely reliant on themselves for survival. The women spoke of the difficulties associated with living and being alone:

you need support, the way I grew up you always had your family, but I don't have family out here, I have no family around, so it's hard, it's so different for me (Gabrielle, participant, October 1996).

Self-Reliance

For various individual reasons, the women in the program gathered the necessary motivation and initiative to research and pursue their involvement with FOCUS. They believed that by taking this initial step, they were stopping the cycle of poverty and dependency that had plagued them since the birth of their children and possibly for their whole lives. They strove towards financial self-reliance and freedom.

The one thing that they all say when they come into our program is they want to get off Income Assistance...it's very demoralizing to remain dependent on that system (Jen, service provider, July 1996).

The women's involvement with the program helped them integrate into society, realize that there were women in similar situations, and experience understanding and compassionate service provision.

...I don't feel alone like I'm dealing with my problems (Patricia, participant, October 1996).

The women discussed the notion of self-reliance at length and agreed that despite their financial reliance on social assistance they considered themselves to be self-reliant because they were on their own and they lacked social support. Some of them argued being alone and dealing with their daily realities required a huge amount of energy, thought, preparation and planning.

...before I had [my child] I was self-reliant...right now I'm reliant on Social Services for money, but I never used to be, I used to work, I don't rely on my family or anyone else to help me, I go and get my own groceries, I go and take him to the doctor, I go everywhere on my own two feet, I came here to this program by myself, I'm not counting on anyone else to do it for me (Kathy, participant, August 1996).

...you can't be too self-reliant financially because if you're on welfare than obviously you're dependent on the system to get your money, but otherwise, you're pretty much [self-reliant] because you're the one who takes care of your kid (Shannon, participant, August 1996).

It was mentioned by most of the service providers that many of the women in the program (approximately two-thirds) had or continued to experience emotional, physical or verbal abuse (Laurel, October 1996; Janet, August 1996; Jen, July 1996; Joanne, August 1996; service providers). In many cases the women admitted that they had abusive partners or family members. One service provider mentioned that the biggest obstacle for some of the women's successful completion of the FOCUS program was their continued experience with emotional and physical abuse (Laurel, service provider, October 1996). Because of their experiences with dysfunctional families and abuse, many of the women had been forced to survive on their own and fend for themselves from a young age. Some mentioned that most people "have it easy" because they could rely on their family or friends for support. Yet the ability to survive alone was associated with feelings of confidence that they could overcome any adversity:

You know, we don't have alot of outs to ask all these other people to do things for you (Kathy, participant, August 1996).

I've always been self-reliant. Not financially though but to myself I have always been that, same as Kathy, we rely on ourselves. We do our stuff for ourselves and depend on ourselves...the money comes from somewhere else but that's not going to be for very long, for me anyway (Susan, participant, August 1996).

One woman said that she associated self-reliance with assertiveness and independence from men:

[Self-reliance is] depending on yourself, not depending on others, not depending on men, being assertive (Gabrielle, participant, October 1996).

Some of the women lived with their partners yet none were financially expectant of them. One woman admitted that she was "lucky" enough to have her boyfriend around but that she could not imagine asking him for financial support.

If it's the baby's father you should be happy enough that he's there, you're lucky enough that he's still around (Shannon, participant, October, 1996).

Although some of the women's partners were also the fathers of their children, none of the men contributed financially to raising their children. As well, some of the meanings associated with self-reliance and independence were a reflection of experiences with men and motherhood. None of the women reported having a positive or supportive partner and only one of the eleven women received any kind of financial assistance from her partner.

All of the women spoke of their desire for financial self-reliance and believed that the FOCUS program was helping them move towards that goal. Several of the women said that they were resisting the cycle of poverty and further economic dependence on the government, and that learning the appropriate employment and lifeskills was essential to breaking the cycle. They also suggested that they wanted to achieve goals for themselves, but that they needed to be shown the way through initiatives like the FOCUS program. Written by a program facilitator on the wall in the classroom was the motto: "I'm asking for a hand-up, not a hand-out". The women believed in the philosophy adopted by the service providers and knew that they had to do things for themselves.

If somebody starts doing it for you then you're screwed, you're never going to get anywhere on your own, you're always going to have somebody to ask for... (Susan, participant, August 1996).

The women did not make a similar connection to self-reliance and physical activity as several service providers did. The service providers advocated that through positive health and physical activity opportunities the women could possibly feel a greater sense of self-reliance and independence. This connection might have been expected since the participants were financially dependent on the government for economic survival, and often depended on economic subsidies to access physical activity in the public domain, while consumption was often associated with organized activities led by "professionals". Although the women acknowledged that being active was a way to take control of their health, their interest and involvement with physical activity was largely based on their

desire to maintain a culturally defined body image associated with slimness and attractiveness.

Health and Wellness in the Lives of Low-Income Single Mothers

Interest and Involvement in Physical Activity

Through the low-income women's involvement with the YWCA, essentially there were two ways in which they could become physically active. The FOCUS program offered sporadic health and wellness sessions, which sometimes included visits to the YWCA Wellness Centre. As well, they were given a free pass to the Wellness Centre which they could use at any time during their involvement with the FOCUS program..

When the women initially discussed their interest in physical activity most of them said it was unimportant to them. Their daily lives involved enough physical exertion that they felt little need to engage in a regular fitness or exercise routine.

Health and wellness is not a very big priority for a many of us...many of us carry and walk long distances (Susan, participant, August 1996).

We have a journey just to get here.... (Kathy, participant, August 1996).

However as our discussions continued, it was revealed that the majority of the women believed they would be regularly physically active if they had the time, the money and friends with whom they could be active.

I enjoy it [physical activity] but when there are certain things that become a priority for me, like if I had a problem and had to go to an information session, I think that should be the first thing off my list (Kathy, participant, August 1996).

Many of the women said that they had been active as children and young teenagers at school or in the community, and listed the sports they used to do "soccer, gymnastics, body building, volleyball..." However, the majority of the women now believed that physical activity entailed going to a gym to do an aerobics class or to lift weights. The women felt reliant on a consumer form of production, possibly overlooking opportunities for less organized forms of participation such as going for a walk. While the women were

involved in the FOCUS program they were given a free pass to the Wellness Centre, yet only one woman regularly attended. The remaining women said it was almost impossible to fit regular exercise sessions in to their lives.

I used to work out but since I came to this program I don't have the time. Before I was working out (Shannon, participant, October 1996).

They were well informed of the positive benefits of regular activity but being active was just not a reality for them at that time.

Finding the time for it [physical activity] and the means is the thing, you may have the time but you don't have the means, just finding your way there and then the membership, you just don't have enough for that (Susan, participant, August 1996).

Generally the women in the FOCUS program had so many immediate and pressing concerns that physical activity was a low priority. The women openly acknowledged that they were inactive because they had so many other domestic and financial pressures. The women explained how regular physical activity received little thought since they were dealing with poverty, motherhood, and conflicts with partners or family members. The women had difficulty envisioning their consumption of physical activity within its typical and traditional middle-class definition. However, the provision of a meaningful form of physical activity, taking into consideration their individual schedules and childcare and transportation needs could enable the women to establish greater social connections.

The fitness club there was really good for meeting new people and friends and stuff. And it actually got me involved with the young mothers group (Kathy, participant, August 1996).

One woman, who for several years had been regularly active as a competitive bodybuilder, described how inconvenient regular exercise had become:

Most of us don't have the time or the motivation to go there on top of everything else, it's way out of my way unless I'm here at the program, I can't come early in the morning, and I have to leave right after (Susan, participant, August, 1996).

One service provider mentioned that since the women had few support networks and usually have only evenings and weekends with their children, they would feel guilty taking time for themselves to exercise.

Generally they're pretty inactive, like everybody else comes before me. And fitness would be seen more as an extravagance or a luxury or something other people did or something they used to do (Janet, service provider, August 1996).

One of the single mothers commented:

I have too much stuff to do besides my kid, I go to a Parenting Group (Shannon, participant, October 1996).

The women mentioned that engaging in some kind of activity, especially outdoors, was important for their children, and how they did it for their own sanity and to "be the best mommy you can be" (Kathy, participant, August 1996). Yet again the women displayed how their children were their top priority which further exhibited an ethic of care. The service providers all mentioned how the women's primary concern was their children and how their children's needs were paramount.

As the discussion with the participants continued, they slowly acknowledged that physical activity could include unorganized forms such as going for a walk. They saw walking as a way to relieve stress:

I even go walking without my son, I'd walk to my park and there's just a wicked view from my park, I go there and have my cigarette and check out the view and walk back home. It's something I do, I go for a twenty minute swing, it's really, it decreases the stress alot, I find it gives me some time to sort of sit down and unwind, think things over (Susan, participant, August 1996).

From speaking with the women in the program and participating in various recreation sessions with them, it became obvious that the service providers' understandings of the women's interests in physical activity contrasted the women's own experiences and interests. Understandably, physical activity was a low priority, yet the majority of them wanted the opportunity to be regularly active with or without their children.

It's nice to have the time for fitness for yourself, mostly when you go out you have your kids unless they're in daycare, and running around after a two year old... (Maria, participant, August 1996).

Many of them enjoyed being active and saw the benefits of such involvement, but had such hectic and often unpredictable lives that scheduling visits to the Wellness Centre was unfeasible.

In the first group's last Friday afternoon recreation session the women went indoor rock climbing. The women's responses to the challenges presented by this activity were interesting to observe. Three of the woman were keen and attempted many of the climbs, appearing calm and focused. They were adventurous, challenged and motivated by the more difficult routes, and seemed the most physically secure and poised on the climbing wall. Rock climbing involved a confidence and security in one's physical ability, therefore for the women who were unsure of their own capabilities, climbing was stressful and unenjoyable. As well, climbing indoors involved being "tied" into the wall with ropes held by a person standing below, so indoor climbers must rely on the person ballaying them. The trust required to successfully climb and focus on the wall, thus denying or pushing aside the fear and uncertainty of falling, did not come easily for some people.

After the climbing session the women discussed their experience. One woman spoke about how exhilarating the session was and that she was happy to have had the opportunity to try it, but she does not foresee going climbing again in the near future. She said that if she has extra "fun" money she preferred to go out with friends or to buy a six-pack. She said that even if she wanted to go climbing it would be difficult to find someone to go with, and that childcare was always an issue.

There's no way with limited resources. No way I could justify to myself to go rock climbing. No way (Susan, participant, August 1996).

She stressed that coordinating her own climbing session would be logistically difficult and complicated, but that climbing with an organized group was ideal.

One service provider was uneasy with the inaccessibility of rock climbing to low-income single mothers. For financial and social reasons the women in the program did not consider rock climbing an activity to engage in regularly, if at all. Is it the responsibility of

the FOCUS program to provide unusual and unexpected recreational experiences for the women, or should more viable and realistic options be explored? Undoubtedly the climbing afternoon was memorable for most of the women, but it did not teach them how their leisure time could realistically and meaningfully be spent. Conversely, another service provider felt that incorporating activities such as rock climbing was appropriate and complemented the other components of the FOCUS program.

I think it's better to have the experience and know what that feels like, and say well one day maybe I'll try that again, or that was really great, or I might save up and do that...it's just another experience, and that's why we offer a range of activities (Jen, service provider, July 1996).

Body Image and Self-Esteem Issues

When the women were asked if they considered physical activity as a means of taking control of their health, one woman responded that it was a way "to get back the figure" (Susan, August 1996). Body image was a central issue for most of the women in the program. Even though they recognized that physical activity was a way to manage weight and maintain a "desirable" figure, few of the women felt compelled to be regularly active.

That's a major thing that I think all of us are or were focused on, at some point, is our weight, our bodies, cause damn they change...We're all single so we're on the market in some way or other, we have guys looking at us, I don't care how anti-man you are or whatever you still think of your figure and how other people see you, you don't want to be a fat slob with your gut still sitting on your lap after you've had the kid, all right? (Susan, participant, August 1996).

When the service providers were asked about the women's motivation to be physically active, they unanimously agreed that improving their figure was their primary concern. The women concurred that since they were young and single, regaining their pre-pregnancy figure was important.

One of the main motivators [for being physically active] is often body image. They [the FOCUS participants] come from a place where their body image is less than desirable, and recognize that physical activity is a critical component of improving body shape and tone. They climb on board because they want to lose weight. We climb on board because we want to look like a model, and

while physical activity is great, the reason for doing it sucks (Joanne, service provider, August 1996).

A lot of women that I meet in this program don't tend to be educated about their fitness or the benefits of fitness or how you do such and such. They would be more concerned with fitness as how do I get my tummy flat again after having a baby so I can fit into the jeans that I wore in grade 12 (Janet, service provider, August 1996).

A participant mentioned that although she was familiar with the positive health benefits of regular physical activity, the possible changes in her physical appearance were equally important.

[I exercise] more or less for health reasons like to become skinny (Kathy, participant, August 1996).

One of the service providers extended the women's relationship with their bodies to issues around self-esteem and self-confidence. She mentioned that since many of the women had been or were sexually abused they had confused notions of their sexuality and their bodies. Being physically active is a bodily expression and the culture surrounding fitness and exercise (tight clothing, surrounding mirrors, group activity) may be a deterrent for some women who are not comfortable with their bodies.

Like sexual abuse and teenage pregnancy. There's definitely a relationship there. I mean, that may be a huge factor in why some of them a) don't have self-esteem or self-confidence, and then b) aren't physically active. Because their whole body image and idea of themselves even sexually has been so screwed up by family stuff (Janet, service provider, August 1996).

Body image is an issue for many women, not only low-income single mothers. One of the service providers mentioned that although this is true, the self-esteem and self-image issues of the women in FOCUS compounds their negative body image. Their internal low sense of self-worth is externalized, instigating a deprecatory attitude targeting their physical shape and size.

It's another thing that they're dealing with. It's probably a bigger obstacle for them because their self-esteem, their self-image might be even lower than the average woman walking around...they don't feel that they count for much, so consequently a lot of behaviours kick in that are kind of self-destructive, like smoking and drinking...and there are a lot of body image issues around sexuality and being attractive looking to a potential partner (Janet, service provider, August 1996).

The Absence of Health and Wellness Opportunities for Low-Income Single Mothers

The service providers were familiar with the FOCUS participants' primary motivations and interests in physical activity, and spoke at length about the women's body image issues and low sense of self-esteem. Yet the providers seemed less aware of the women's desire to be more active and to possibly manage their lives to enable more regular physical activity. The participants' ambivalence towards their bodies was recognized by the providers, yet the inaccessibility of the YWCA Wellness Centre and the low sense of entitlement towards physical activity were rarely acknowledged. One provider mentioned how physical activity was "believed" to be important even though it is given less time and attention in the FOCUS curriculum.

Now if you looked at our program schedule, health and wellness does not get the same percentage of time as do the other components, but we believe that physical activity or recreational activity is really important to show them that there are a million ways that you can spend some of your leisure time. And to show them that those can be very healthy. And they don't have to cost a lot of money either. And you can do those individually, or you can also do them with your child. See that's part of what we believe, healthy mind, healthy body go hand in hand (Jen, service provider, July 1996).

As the provision of health and wellness opportunities for low-income single mothers was discussed with the service providers, it became evident that physical activity was considered an 'inessential' service for low-income single mothers. Economic pressures and increased difficulties in securing government funding had forced the YWCA to provide physical activity opportunities primarily as a 'for-profit' venture, effectively eliminating low-income women's access.

The physical fitness department is generated by trying to muster up revenue, so many women in our groups are from a poverty perspective so they would

not necessarily be able to afford going to the programs (Shelley, service provider, September 1996).

But there's not money to do it [provide physical activity programs to low-income women]. Fitness has to pay for itself, and actually fitness is supposed to subsidize the social and community services. I think it subsidizes the building right now, if it's meeting those financial needs at all, that's probably where the money's going. In fact, I wonder if monies from contracts such as FOCUS don't help pay for the building. Each program has an admin fee, and it's not small (Janet, service provider, August 1996).

Reasons such as too little time and heightened expectations and pressures from the funders were common explanations for the infrequent appearance of physical activity in the program curriculum. Instead, the service providers implemented the components of the FOCUS program that were geared directly towards employability meanwhile deemphasizing the physical activity component. As well, it was questioned whether the staff at the Wellness Centre actively recruited low-income populations into their downtown facility:

I have never seen any evidence that the Y goes out and recruits low-income women to use the downtown facility [the Wellness Centre] (Janet, service provider, August 1996).

Minimal connections were made regarding improved physical and mental health and its capacity to increase control over health and sense of control and reliance. This oversight by the majority of the YWCA service providers that I interviewed perpetuated the notion that physical activity was a fringe activity for women who cannot normally access such services. Granted, the mandate of the FOCUS program did not include the provision of regular physical activity opportunities for the participants. Yet since the YWCA Wellness Centre was located only one block from the FOCUS program and the mandate of the YWCA was to "offer physical and health programs" (YWCA Mission statement), more physical activity opportunities for the women could be incorporated.

One of the managers at the YWCA believed that the women at FOCUS were uninterested in physical activity and unaware of its positive benefits. She spoke in a classist tone, stating how most low-income women and the majority of the FOCUS participants were unaware of the benefits of regular physical activity.

My sense is that women living in poverty will not come to a health and wellness facility on their own, with very few exceptions, and so it's something we need to plan and organize and bring them in, and sometimes once they come they will come (Marilyn, service provider, June 1996).

She felt that regardless of income, racial background or past and current experiences, some reasons for being physically active or inactive were shared among all women.

...we all sit up above that fitness centre and it's astounding how few of us use it...it's not just about low-income women, it's about women in general, women don't understand enough about the value of fitness, and too many women are intimidated by the idea because they think that when they come to a fitness centre everybody is going to look like the women we see in ads for Golds gym or Trendsetters, and I think that alot of women are downright intimidated by coming and don't (Marilyn, service provider, June 1996).

As well, she felt that it was the role and responsibility of the service providers to inform the women of the benefits of regular physical activity.

I don't think they [low-income single mothers] have much of a driving force to go out there and be physically active, I think that there are very very few single mothers that we deal with who have really given it any thought, it's never been something that's available to them, we have to educate them about the value of it before we can get them to do go (Marilyn, service provider, June 1996).

Since many of the women in the FOCUS program were heavy smokers, young, and were dealing with the "developmental delays" associated with teenage pregnancy (Janet, service provider, August 1996), many of their leisure time activities involved risk taking or "self-sabotaging" behaviours (smoking, drinking, partying) (Janet, service provider, August, 1995). Apparently service providers at FOCUS aimed to educate the women about alternatives and how to channel these energies into healthier behaviours. Some of the recreation times were used experientially, for example the women were taken to a rock climbing gym. Since few of them had ever tried rock climbing that particular session was used as an educational tool for teaching the women to overcome fears. The rock climbing activity was tied to a lesson called "Feel the fear and do it anyway". This lesson proved to be one of the highlights of the program, and one of the most memorable activities for the women (Jen, service provider, July 1996).

All of the service providers interviewed spoke of the importance of regular health and wellness opportunities for the women in the FOCUS program. Although the service providers acknowledged the relevance of physical activity and its usefulness as a teaching tool and for stress-reduction, they added that it does not receive the time or attention that it probably should. One service provider said that it depended on how "keen" the individual facilitator was about physical activity, and that ultimately it was her decision to have it included.

...we know we could do a better job of getting them here [the Wellness Centre], we appreciate that for some of them it's very difficult to make the journey from where ever they are to here...I said that sometimes we do a better job than others is that it's too much a degree dependent on having a staff person who has educated themselves (Marilyn, service provider, June 1996).

Others mentioned that incorporating regular recreation sessions into FOCUS had always been a struggle.

There was a fight to get that included [health and wellness], but it was included with the rationale behind it that developmentally teenage mothers hadn't had a chance to have fun, to be kids, or to learn to cope with their new situation and keep themselves healthy and sane, and work our stress, and also a chance to be a kid without their kids (Janet, service provider, August 1996).

Only one service provider suggested that she wanted to see more health and wellness in the program. She said, however, that given the demands of the curriculum it never seemed to fit in, but that ideally they would have a session at the gym one to three times a week. She said that money and time were the main constraints (Janet, service provider, August 1996). She also said that when they did go to the gym not all of the women enjoyed it, but that health and fitness would always be discussed. In the twenty week program (with sessions five days each week) nine hours of health and wellness were programmed, varying slightly depending on the enthusiasm and interest of the participants (Janet, service provider, August 1996). This service provider attempted to make physical activity an integral component of the FOCUS program because she believed that health and wellness contributed to the mandate of FOCUS and could be used as a coping skill, a self-

esteem tool and to increase one's sense of personal strength and power. Although the other service providers acknowledged its value, none of them were committed to providing regular physical activity for the women.

Possibilities for Emancipatory Change

Both the participants and the service providers discussed at length potential changes for the FOCUS program. The participants were intuitive and practical when they discussed their recommendations for change in service provision and consumption. They were cognizant of the program's financial constraints and realized that the FOCUS program provided them with new and exciting opportunities to help them achieve their long-term goals. However, they believed that feasible changes could be made to enhance their experiences and involvement in the FOCUS program.

None of the women questioned the role of the YWCA Wellness Centre and its connection and service delivery to middle and upper income populations. Most of the women perceived physical activity in its market-driven form and felt that they could be regularly active if the FOCUS curriculum included physical activity sessions at the Wellness Centre.

I know there isn't very much time as it is, but have a group of us go over during the daytime to the gym, because before or after is not convenient for me because I travel all over the place [dropping off and picking up children from two different daycares]. I mean going to the gym to use the classes or whatever (Barbara, participant, August 1996).

All of the service providers agreed that regular physical activity should be incorporated in the FOCUS curriculum. A service provider said that she had been thinking of creating a position of "peer leader" to bring FOCUS participants to the Wellness Centre (Marilyn, service provider, June 1996). A peer leader position involved training a participant from the FOCUS program in health and wellness and having her become a role model for the other participants through leading exercise sessions. Although the other service providers agreed that it was a good idea, they felt that the FOCUS program was too

short in duration, and that it required too much training and energy. As well, they questioned how open the other participants in the program would be to a peer leader and wondered if such a position was creating a similarly unbalanced relationship that the participants currently had with the Wellness Centre staff.

Another service provider mentioned that the consistent integration of a physical activity component would habitually engage the women in something active and enable them to experience and enjoy the mental and physical benefits of exercise (Janet, service provider, August 1996). She suggested that the women's children must be involved and the connections made between their mothering and childcare needs and their active involvement in and enjoyment of physical activity.

If you hook them into their kids, like a community centre would, you get in with them through the back door, fitness becomes part of their life. They're doing it for their children. Like for this group of young moms, if you convince them that it's good for their children, that's the motivating factor (Janet, service provider, August 1996).

As well, she said that not only should the FOCUS program incorporate regular physical activity, but the YWCA Wellness Centre could increase awareness and access through promoting its programs to low-income single mothers. She added that the Wellness Centre did very little to encourage their participation. She acknowledged that the Wellness Centre's entrepreneurial approach to service delivery inhibited many women from participating.

They [staff at the YWCA] would have to market to them [single mothers] and understand that they're marketing to a population that isn't going to be high revenue, and actually incorporate some of the goals and mandates of one part of their programming into the other, so that self-reliance is actually walking that talk. And somehow getting them in here, childcare and scheduling would be part of it (Janet, service provider, August 1996).

Many of the FOCUS participants' suggestions alluded to greater networking and communication between the FOCUS program and other services offered within and beyond the YWCA. The women critiqued the structure of the social services designed for them and believed that they had concrete and reasonable ways to facilitate their experiences.

...if you networked alot, if you had discounts...it doesn't have to be money money. Or we could say thank you, or we could put something in the newsletter, you know that's advertising for them (Kathy, participant, August 1996).

Since many of the women were active in their community they had many ideas about networking possibilities and service coordination.

This is a major need that would really help us out alot is easy access to a bloody food-bank...we cannot access a food-bank if we're occupied during the week. The food-bank I was going to you can only access on Tuesday mornings...that's the only time I'd eat well (Susan, participant, August 1996).

I don't know if alot of people know about dropping clothes off here...having more of a resource here...cause some people come here are pretty shy, they probably might not feel right going to different places around town to find things (Kathy, participant, August 1996).

The women spoke emphatically about the need for increased communication and liaising between the FOCUS program and other community and social services programs.

Maybe they could do more marketing and get more relations or money for sponsoring (Maria, participant, August 1996).

Unfortunately the women had not voiced their suggestions to the FOCUS service providers or to their social workers and required more encouragement and support to express themselves. A service provider agreed that the program would benefit from stronger community ties, but emphasized how establishing corporate connections for computer donations would update their current equipment (Laurel, service provider, January 1997). Although she did not allude to community networking, another service provider mentioned that the FOCUS participants would benefit from increased exposure to on-site technology. The service providers agreed that this was a central concern if the women in the program hoped to gain marketable computer skills.

Having more computers, more up to date software applications, getting on the Internet, designing web sites to get more information out there (Jen, service provider, August 1996).

Interestingly the service providers seemed unenthusiastic about the women's desire for liaising with community organizations.

One participant suggested that she would like more input into the program and how it was designed and delivered.

*I'd like to give more input to the program, that's how it improves...
yes they encourage it [input] but no they don't do much about it
(Susan, participant, August 1996).*

The women recognized that there were supposed to be routine evaluations yet none of them could remember when they had last completed one. Although there was honest and direct dialogue between the women and the service providers they rarely discussed ideas for changing the FOCUS program. There was an openness regarding the funding cuts and its implications on the program and for the women, and most changes to program and curriculum design were reduced to a funding issue. The service providers mentioned that written evaluations were distributed at the end of each program, and that the women spoke frequently and frankly about their experiences. Perhaps some of the participants felt understood and heard since they were willing to approach a service provider, whereas others may have felt little inclination or encouragement to do so.

The service providers and participants unanimously agreed that all of the FOCUS participants should have access to affordable YWCA childcare. Childcare complications were central issues for the women, regular sources of stress and anxiety and caused many absences. The women were aware of the childcare services offered by the YWCA but were confused about their apparent inaccessibility to such services.

Shannon: *I think that the YWCA should have a daycare, charging a buck an hour.*
Gabrielle: *That's my problem now, daycare.*
Patricia: *That would be just great.*
Gabrielle: *Cause then I could go early Saturday morning and work out.*
Patricia: *But the YWCA is supposed to have one, they have a nice gym, right? and they have a daycare upstairs, so they should open it for the single moms that can't pay.*
Shannon: *I can understand if they can't do it for free but if we game them a couple of bucks that's relevant I think.*
Gabrielle: *Most places are like a dollar or two dollars an hour, that's not bad.*

Both the participants and the service providers recognized that the funders imposed restrictions on the FOCUS program which included limiting the childcare options for the

women. Some of the women recognized the geographic parameters imposed on potential FOCUS participants and believed that more open and widespread access would enhance the program.

...it's only open to people from East Vancouver right now and that's unfair to other people...But it doesn't make sense that it's for people in East Vancouver and then we select certain people in East Vancouver to get a bus pass, that's not fair, what's the point? (Gabrielle, participant, October 1996).

One woman was determined to participate in the FOCUS program and decided to move so that she could participate in the FOCUS program.

I moved to get into this program...from 70th and Marine from where I first researched it to East 5th and Broadway, just so I could get in (Susan, participant, August 1996).

It seems that requiring a low-income single mother to move so that she can access a program is a huge expectation. However the service providers emphasized that in some cases the geographic parameters of the program were flexible and said that it was the individual woman's choice to move locations in order to participate.

The service providers were split when they discussed the role of the program funders. Some believed that the staff was too willing to bend to the desires of funders and that too much emphasis and energy was expended on securing funding and meeting their needs, meanwhile overlooking the needs and realities of the women involved (Shelley, Janet, service providers, August 1996). Others mentioned that the desires of the funders were not easily negotiable since FOCUS is a statistics-driven program (Laurel, Joanne, service providers, January 1997).

Several service providers felt that the FOCUS program would ideally have a steady source of income, thus alleviating the time, energy and money spent on writing program proposals, competing for grants with other community-based organizations, and negotiating with potential funders. A service provider added that the establishment of an advisory committee to research funding opportunities for the FOCUS program would relieve some of the stress revolving around funding constraints.

Develop an advisory board involving women business leaders that would advocate specifically on behalf of the FOCUS program to support during a funding crunch. This would involve women in positions of influence who have a better sense of what the pulse of the economy is, and what are the trends in the real world...But just having some real people involved (Jen, service provider, August 1996).

It became clear that the service providers suggested change in one of two ways. One approach was to critically discuss service provision, involving the essence of the FOCUS program, the funding climate and constraints, and the organizational structure of the YWCA in its social context. Such suggestions for change demanded alternative ways of revisioning service provision. A few of the service providers were willing to challenge the structures and expectations of the FOCUS program staff. They suggested shifting away from pre-employment training towards a more complete emphasis on the development of self-esteem and basic life-skills, thus fully addressing the emotional and mental needs of the women.

Welfare is a symptom of greater problems, and the government has to pay for it, but ultimately if the government doesn't deal with what is essentially wrong, then they're going to have to pay for it anyway (Shelley, service provider, September, 1996).

Other service providers strongly contested this recommendation and mentioned that it must have been provided by someone unfamiliar with the FOCUS program who worked off-site. They then discussed how the managers from "over there" (the Wellness Centre which is the central location for the YWCA) rarely visited the FOCUS program and had to be individually invited to attend a session or meeting. Other recommendations made by the service providers remained uncontested and were specific, easily implemented, and did not challenge the existing social or organizational structures.

Points of disjuncture existed among the recommendations provided by the service providers. It was felt that some suggestions displayed little knowledge of FOCUS, and one woman commented that when she read the recommendations she did not recognize the program. Despite these tensions it was obvious that strong connections and affections were shared between the participants and the on-site facilitators. Clearly the FOCUS

facilitators earned tremendous respect and admiration and represented positive role models for the women in the program.

- Chapter 5 -

CONCLUSIONS, DISCUSSION AND RECOMMENDATIONS

I do not really wish to conclude and sum up, rounding off the argument so as to clump it in a nutshell on the reader. A lot more could be said about any of the topics I have touched upon...I have meant to ask the questions, to break out of the frame...the point is not a set of answers, but making possible a different practice (Kappeler, 1986).

Critical research is concerned with those who are less powerful or devoid of power within an organization and the way in which organizational arrangements impact on people (Mills & Sims, 1995:18). Little research had been done on how single mothers living below the poverty line experienced health and wellness services. Within the organizational analysis of the YWCA, the social construction of gender and class were central to exploring the dynamics by which women organizing for and with other women occur in order to promote health through physical activity. These relations were fundamentally framed by the greater social, political and economic context in which the YWCA was situated which exposed the dominant middle-class ideologies and assumptions inherent in traditional organizational arrangements. The ways in which the YWCA's organizational ends were detrimental and beneficial to one of the groups it serves, low-income single mothers, were shaped by these varying and interrelated influences. The realities of these women's experiences, and the role physical activity played in their lives, were fundamentally central throughout the research.

Understanding the Organization of the YWCA

The mission statement of the YWCA was to work for the empowerment of today's woman to enable her to reach full potential in body, mind and spirit and to foster self-reliance and mutual support for women (YWCA Report, 1995). Despite the fact that the YWCA strove to provide services to all women in need, social inequalities continued to exist within the organization. As Bramham (1989) acknowledged, advantage and

disadvantage are reproduced by human agency and find their expression in spatial and cultural forms, including leisure. In terms of location, image, and culture, the YWCA Wellness Centre was inaccessible to low-income women.

...just finding your way there and then the membership, you just don't have enough for that (Susan, participant, August 1996).

The relocation and reorganization of the Wellness Centre in 1995 further alienated low-income women and reinforced inaccessibility to services. The image associated with the Centre mirrored most other commercial fitness facilities and sharply contrasted with the YWCA's Individual, Family and Community services where the FOCUS program was located. On fee-for-service and membership bases, the Centre accommodated a largely middle and upper class population. It adopted a market-driven approach to service provision, generating profits which totalled fifteen percent of the YWCA's budget. These profits were then used to cross-subsidize "socially desirable forms of service provision" which in turn generated additional income from government sources (Beckers, 1989).

Similar to many social services, the YWCA's Individual, Family and Community services and the FOCUS program compensated for perceived problems or needs from the uneven development produced through the market (Bramham, 1989). Despite the fact that the YWCA was known for its extensive and modern Wellness Centre, FOCUS dealt primarily with employment training and career development for low-income single mothers. Employment was deemed a priority for this population, thus wellness and physical activities were infrequently offered.

The combination of both profit-oriented and "socially desirable" forms of service provision remained problematic for the YWCA. Some of the FOCUS participants and the service providers believed that only "band-aid" services were provided to low-income single mothers. Meanwhile the greater issues of why they were in need, how societal structures negatively impacted on their lives, and why so few low-income women used the Wellness Centre were not addressed. Additionally, skepticism was raised by a few service providers who doubted the YWCA Wellness Centre's capacity for generating funds for the

Individual, Family and Community services and specifically for the FOCUS program.

They speculated that to gain an advantage in the market-place, the Centre used its non-profit status for subsidies and tax exemptions, potentially employing unfair competitive practices (Miller & Fielding, 1995). As well, they questioned how the YWCA could continue to accommodate such a diverse and seemingly opposite set of values and approaches to service delivery. One service provider speculated about this issue when reflecting on the YWCA's future.

I wonder in which direction they'll go...If they'll move towards just recognizing that it's a club for white middle to upper class women or will they stay or go towards the services to poor women and children (Janet, service provider, August 1996).

The Problematics of Women Organizing for Women

An alternate political understanding, directed not towards individuals, but toward relations among individuals, will profoundly influence the politics of health in the coming period. The commercial and industrial assault on health is becoming too grave to be ignored (Crawford, 1977: 677).

Despite variations in the services and structures of the YWCA over the last century this women's organization had consistently worked for women to promote economic self-reliance and empowerment. However, the organizational incongruities and cultural discrepancies within the YWCA made the fulfillment of its mission more problematic, and risked overlooking women's diverse needs and backgrounds.

Liberal feminist thought inspired the early beginnings of the YWCA and permeated YWCA literature, philosophies, and approaches to service delivery. The fundamental lobbying premises focused on equal access to equipment and resources, maintaining that through greater involvement "wayward" women would adopt Christian values and conform to middle class norms and expectations (Durdin, 1965). At this time many YWCA leaders believed that the YWCA offered the opportunity for working women to benefit from contacts with Christian women such as themselves, and would help them unite and overcome the barriers of social class.

YWCA women hoped ultimately to win working women as their allies in their struggle to remake Canadian society in the image of Christ's kingdom (Pederson, 1986: 23).

Though the direct links to Christianity have been dropped, a moral reasoning and middle-class tone continues to pervade service delivery for single mothers. Modern principles of organizing were visible in the YWCA Wellness Centre, including control based on the possession of professional knowledge, a profit orientation, and an assessment of program value based on potential future contributions to the economy through paid employment. The centrality of employment and career preparation in FOCUS reflected these traditional organizing principles, and evidence of a work ethic ideology materialized in most aspects of the program's curriculum.

The YWCA has adopted traditional organizational practices aimed at efficiency, while still espousing values that are feminist in nature. A dilemma facing the FOCUS program, and one that is common to many feminist organizations, involved either adhering to the desires of the funders and risking the alienation of feminist connections and organizers, or working within a feminist community and risking funding withdrawal (Hyde, 1989). The YWCA relied financially on the commercial sector and on the government, and did not openly acknowledge feminist ideologies, goals or values (Martin, 1990). However, since the FOCUS program worked directly with single mothers and encouraged participants to change through caring, supportive and cooperative relationships, it could be argued that the approach to service delivery upheld feminist values and goals (Martin, 1990).

To appeal to a number of potential funders regardless of their ideology or philosophy, the YWCA strove to remain apolitical and neutral (Lara, service provider, April 1995).

Grants are usually awarded only to those who appear to be "playing the game", to be operating within the same broad assumptions that inform those in charge of research monies (Mills & Simmons, 1995: 21).

Financial viability was a consideration for all YWCA service providers, and the desires and expectations of the funders were of central importance. In fact, the centrality of the employment agenda in the program elicits the government's catch-phrases of "deficit reduction", "accountability to tax payers" and "workfare", engendering a climate that scapegoats welfare recipients as parasites on the "system" and believes that any worthy person is a working person. The funders who supported the FOCUS program outwardly dictated the nature and scope of the services offered (Hyde, 1989), thus strongly emphasizing the participants' assimilation into the middle-class working environment.

When funding sources had been cut, additional funds were received after heightened political pressure imposed by a powerful lobbying group representing Vancouver East side neighborhoods. The government responded to the "noisiest" neighborhood (Marilyn, service provider, June 1996). In dealing with disadvantaged populations it seemed unlikely that such displays of "empowered" action would occur. Yet according to several service providers, the east side of Vancouver represented some of the poorest areas in Canada and had a way of "making a racket" to ensure its demands were met (Marilyn, service provider, June 1996). The reportedly unorthodox strategies employed by this population could be considered undemocratic, as the numerical minorities gain control of the available funding (Leidner, 1991). However, it may only be expected that traditionally disempowered groups should make "less noise" *because* they have little power and limited access or resources. Although the government responded to the demands of the vocal group to decrease political pressure and to increase the image of the government as being "for the people", more importantly the funding was secured for this disenfranchised group.

The staff at FOCUS worked towards feminist outcomes such as the empowerment of women, yet feminist structures and practices were not in place. Although the participants and the service providers had open relationships, there were visible and power-based delineations between their roles. For the most part, FOCUS was a program run by women

“for women” rather than “with women”. Like many feminist organizations, FOCUS was controlled primarily by white middle-class women (Hyde, 1989). Distinctions based on observable differences in class, age and race separated the service providers from the consumers and the women accessing the services had little or no voice in decision making.

While feminist values were espoused in YWCA documents, issues race, class and sexuality were rarely addressed in any forum. Silences infer homogeneity, negate difference, and assume that all people involved have the same relationship to the organization (Mills & Simmons, 1995). Such take-for-granted assumptions silence the “consumers”, making them passive recipients of a service deemed appropriate for them.

Most feminist organizations mix bureaucratic and collective decision-making processes in their structures, practices and goals as they work to survive and to transform society (Ferree & Martin, 1995). According to Ferree & Martin (1995), the women’s movement exists in a dynamic and reciprocal relation with its organizations, giving them their broad purpose, specific agenda, and supply of activists. At the same time, a set of practices, political and material resources, and a supportive context within which activists can carry on their lives while struggling for change are established (Ferree & Martin, 1995). However, many feminist organizations encounter problems regarding diversity, funding, organizational structure, and the equalization of power relations. Although the YWCA does not openly acknowledge its connections with the feminist movement and for financial reasons feels unable to do so, similarities exist regarding their practical, ideological and philosophical disjunctures.

The Social, Economic and Political Context of the YWCA

Considering the broader social, economic and political contexts in which the YWCA was situated helps to explain the disjunctures between the processes of production and consumption that were observed in the FOCUS program.

We face the absurd paradox of stepped up cutbacks in health care, welfare payments, and support to higher education, culture, sport and recreation while millions of tax dollars swell the profits of franchise owners in cartels like Major League Baseball and the National Hockey League (Kidd, 1995).

Organizations that almost entirely rely on the state for their funding are extremely vulnerable to changes in government and political philosophy (Hall, 1994). The absence of bridging services between federal and provincial government ministries and a newly elected provincial government generated recurrent program funding uncertainties. Further, FOCUS' tumultuous existence, curriculum modifications, the service providers' sense of job insecurity and ultimately the participants' experiences were shaped, in part, by funding instability and government control. In order to meet the expectations of the government funders and to secure stable funding, decisions made at FOCUS sprung from specific assumptions and expectations, and often neglected the voices of the women consuming the service.

Aspects of the FOCUS program reflected the theoretical options for service creation and delivery available in a time of shrinking budgets and ideological shifts to the right (Smale & Reid, 1995). It could be argued that the government was devolving towards the "minimalist" model, which, as the term implied, demanded the least leisure service provision possible on the part of local government ostensibly shifting responsibility to the commercial or volunteer sector. This shift was apparent as the service providers were perpetually struggling to include the Friday afternoon recreation for the women. Program components that were not directly related to the funding criteria of providing employment training were questioned and threatened. The FOCUS service providers were walking the "tight rope" (Janet, service provider, August 1996) between funder expectations and the provision of a variety of services and opportunities for the FOCUS participants.

According to Miliband (1973), the relationship between government institutions and community groups has disempowering qualities that many theorists relate to capitalist economies (cited in Labonte, 1994). The ideology of the Protestant work ethic and the creed of survival of the fittest (Pope, 1989) obscured the "work" done by single mothers who were struggling to raise their children and valued them only in terms of their capitalist productivity and contribution to the market place. This ideology inferred that once these women were trained and viable workers they would cease to be a burden on society. With the provision of employment guidance and career preparation there was the presumption of a "white collar" patriarchal work ethic and the inevitable integration of the FOCUS participants into a professional middle/upper class working environment.

The worker has become the universal social subject: everyone is expected to "work" and to be "self-supporting". Any adult not perceived as a worker shoulders a heavier burden of self-justification (Fraser & Gordon, 1994).

According to the YWCA FOCUS Pre-Employment Training Proposal (1994), FOCUS encouraged an "attachment" to the labour market versus a lifetime attachment to income assistance. The dominant ideology of "survival of the fittest" and the attributed value of work (Fraser & Gordon, 1994) precluded an understanding of or consideration for the realities and health needs of marginalized populations such as low-income single mothers. Negotiation for the program and its survival occurred within the power structures already in place, the management of the YWCA and government officials.

The YWCA reflected dominant and mainstream ideologies in spite of its mission statement or philosophies towards service provision. Ironically, in the early 1900s YWCA service providers were "deeply ambivalent about the changing role of women", and reinforced the view that women were only temporary workers who deserved to be paid less than more permanent male workers (Pedersen, 1986:21). At this time, YWCA leaders feared that the experiences of employment, education, and living independently might result in a substitution of material values and "selfish" personal ambition for women's traditional close ties to home, family and church (Pedersen, 1986). Interestingly, the YWCA's

position regarding women's employment has dramatically shifted since earlier years. What remains consistent, however, is the YWCA's channelling of "problem girls" towards acceptable and prevailing middle class endeavours.

Dominant Ideologies: Shaping *Welfare Single Mothers'* Realities

To eventuate collaboration in the provision of a meaningful form of physical activity, an understanding of the lived realities of single mothers is essential. Social institutions, organizations, and community groups obscure the pervasive problems associated with living in poverty and being a single mother.

The problem is not one of changing people's "consciousness" or what's in their heads; but the political, economic, institutional regime of the production of truth (Foucault, 1977:14).

Living in poverty inferred a host of burdens such as little financial or social freedom, childcare and transportation difficulties, employment hurdles, little or no leisure time, feelings of social isolation, and continued dependency on the welfare system. These constraints were thoroughly documented in the literature, and the women in the FOCUS program suggested that these characterizations reflected their daily lives. Statistically it has been demonstrated that single mothers on welfare have more difficulties and barriers successfully integrating into the mainstream working culture (Poverty Profile, 1993; National Council of Welfare, 1990; The North Shore Women's Centre, 1991). However, more subversive experiences involved the stereotypes and misconceptions that concealed their realities and made it difficult for them to participate in community life. The conceptualization of dependency must broaden to eliminate the burden and stigma imposed on those who are "dependent". "We're paying for *you*", "kids having kids", "drinking, drugs and sleeping around" were cited by the women as common judgments imposed on them (Susan & Kathy, participants, August 1996).

Fraser and Gordon (1994), Lord (1994) and Belle (1990) described the stereotypes spawned from prolonged dependency on the government. The assumptions underlying the

stereotypes were constructed around a middle-class ideology based on this dominant group's understandings of self-reliance and independence. It seems blatantly ironic and misplaced to consider a single mother on welfare dealing with daily burdens, hassles and frustrations imposed by poverty and motherhood to be "dependent". Additionally, the women in the FOCUS program had gathered the strength, initiative and motivation to regularly attend the FOCUS program and to survive with little social or emotional support. Since they were not financially self-reliant and did not fulfill mainstream notions of a productive "worker" they were labeled a dependent meanwhile inferring a host of negative images and stereotypes. Perhaps the choices made by many single mothers to have children in untraditional family arrangements generated negative typecasts, making their pursuit towards economic independence and social integration more difficult. The low-income single mothers challenged traditional family arrangements, such as the nuclear family, and the oppression they reported further alienated them from society. As a result negative shortcomings were implied because they were financially dependent, and were stereotyped as being powerless to change. Meanwhile, contempt was shown towards those who did not conform (Fraser & Gordon, 1994). Essentially, the socially constructed "victim" becomes trapped with few alternatives.

The commonly descriptive representation of the "welfare single mother" was a double-edged sword for the women in the FOCUS program. Defining any population based on a difference can be problematic, and situating binaries and differentiating categories can perpetuate inequities and stigmas. The assumptions made about people based on gender, race, class, or sexuality, and the hierarchies that are created in confronting differences of any fixed binary opposition, must be exposed and confronted, and should not form the basis for people's exclusion or inclusion in "society" (Scott, 1988).

Experiences and Meanings of Physical Activity

Several themes emerged regarding the FOCUS participants' involvement in, experiences with, and meanings of physical activity. Physical activity was not a part of the FOCUS participants' daily reality, and most of the women believed that they were not entitled to the benefits or enjoyment of it. Women who live in poverty and are dependent on the government perceive a lack of freedom in realizing the full range of opportunities for leisure (Henderson et al., 1989). Feeling disenfranchised from physical activity opportunities was spurred from the women's mothering responsibilities, social stigmas, and knowledge of wellness services.

The participants' concern that arose the most frequently involved their mothering responsibilities and their desires to be perceived as a good and responsible caregiver. They were frustrated with and spoke passionately about stereotypes of the "welfare single mother". One woman suggested that "it would be nice to have fitness for herself" (Maria, participant, August 1996), but that it had never been a reality for her. Although this constraint was often raised by the participants, to a large degree it was neglected in the literature which espouses universal notions of the benefits of physical activity.

Despite some of the women's interest in physical activity, few linkages between the YWCA Wellness Centre and the FOCUS program existed, and wellness and physical activity received little attention in the curriculum of the FOCUS program. The participants had little voice, power or influence on the organizational arrangements of the YWCA. Clearly, the YWCA did not opt for participatory democratic processes, instead centrally locating the service providers' perspectives and practices (Calas & Smirich, 1996). Consequently, physical activity was deemed "unnecessary" for the FOCUS participants. Forms of service delivery "reflect our own underlying assumptions and world-views" (Mills & Simmons, 1995:13). The "myopia of classic individualism" (Crawford,

1980:377) prevailed in the program's provision of wellness services, and contributed to the women's self-denial and low sense of entitlement.

It could be argued that the FOCUS participants felt disenfranchised from the dominant "morality" (White et al., 1995) and were isolated on the margins because they were unable or unwilling to access the wellness services. Moreover, middle class notions of what was involved in becoming "fit" or attaining the "athletic body" precluded the more structural factors inhibiting their participation such as poverty, motherhood and unemployment (White et al., 1995). The framing of the wellness component in the FOCUS program reinforced this ideological slant. Physical activity was discussed and portrayed by the FOCUS participants as a means of achieving a "better body" versus a way to take control of one's health and to become a strong and capable person.

The politics of sport is to do with struggles over resources, inextricably linked to political, economic and ideological structures (Hargreaves, 1990:84).

Not only were the dominant social values of self-responsibility and morality inflicted on the FOCUS participants, but the expectation existed for each woman to take responsibility for her health and economic survival, and to be a fully functioning, independent, self-reliant and self-controlled contributor to "society". Self-improvement and self-sufficiency were components of a predominantly middle-class lifestyle ideology that mystified the structural bases of inequality.

Regardless of the women's low sense of entitlement, their interest in physical activity rarely involved improved mental or physical health. Filtered throughout our discussions on physical activity was a preoccupation with body image and the desire for ultimate and unattainable thinness.

That's a major thing that I think all of us are or were focused on, at some point, is our weight, our bodies, 'cause damn they change (Susan, participant, August 1996).

Possibly, their unease about their own bodies indicated something about the multi-nationally lucrative "beauty system" that promotes the "tyranny of slenderness" (Chernin,

1981; cited in Crawford, 1984), teaches women shame, and capitalizes on women's feelings of inadequacy.

The body becomes part of a power relation which contributes to the acquiescence of the logic of high capitalism (Foucault, 1980).

The fitness industry has profitted from women's negative body images and has become highly capitalist and profit-oriented. In light of the FOCUS participants' body image issues and the major limitations with how fitness was consumed, claims of the "revolutionary" potential of physical activity in the lives of women were problematic. Advocating the exploration of a woman-centered physical activity that reflected and respected women's diversity could have possibly precluded the participants' ability to decide what was important in their lives. If it is believed that physical activity can liberate low-income single mothers from the binding effects of poverty (Hargreaves, 1990), then a woman who chooses not to participate may be deemed irresponsible, and her freedom to choose is negated. However, despite the ideological complexities surrounding wellness and physical activity, unless the women's voices are clearly heard, dominant assumptions pervading the women's involvement will obscure their realities and perpetuate the provision of non-meaningful forms of service provision.

Many theoretical discussions regarding low-income women's involvement in physical activity revolve around access issues. Despite Harvey & Donnelly's (1996) multifaceted approach, reducing involvement in wellness services to such issues engages in a liberal feminist dialogue and negates the social, economic and political context. However, Harvey & Donnelly's (1996) delineation of the constraints of physical activity provided an important basis for assessing organizational structures and involvement. To varying degrees, the women in the FOCUS program experienced infrastructural, superstructural and procedural barriers to their involvement in physical activity. Although the YWCA offered a free pass to the Wellness Centre for the women while they were a FOCUS participant, they were inhibited by other material constraints. For example, the Wellness Centre was not located in their neighborhood, they had little free time due to their full-time

commitment to FOCUS and their mothering responsibilities, they were aware that their access would end once they had completed the program, and there was a cultural clash with the upscale facility and professional business clientele of the Centre.

The women's superstructural and procedural barriers were the most salient, however. YWCA policies were designed to accommodate the needs of the mainstream population and represent significant barriers to access. The Wellness Centre serviced a largely downtown working population and reflected a capitalist consumer society. As well, the organizational structure and decision-making processes of the Centre did not involve low-income single mothers, and even though the management consulted with varying levels of service providers to make decisions and implement policies, the women involved in the services were often alienated from such processes. Class and income distinctions between the YWCA service providers and consumers were responsible for classist ideologies that shaped power relations. Interestingly most of the service providers attested to the value of involving the women in decision-making processes, yet none of the women in the FOCUS program were involved.

One service provider felt that a necessary change to the FOCUS program was the initiation of an advisory board with "real women" who have a pulse on the economic climate. After clarifying the use of "real", she suggested that the women involved in FOCUS would not be helpful in determining future directions and involvements, and thus should not be on the board. She assumed that a woman who more closely typified a working woman (such as herself) was "real" and could therefore make decisions for someone else. This mentality has been prevalent in YWCA decision-making since the organization's inception.

YWCA policies and programs denied young women's autonomy and right to determine their own needs and priorities...the YWCA defined the young woman herself as the "problem", one that was ultimately to be resolved by others who best understood her real needs (Pedersen, 1986:23).

“The politics of domination” whereby white, middle-class women are the “authority” on others’ situations (hooks, 1986) typifies traditional organizational structures and service provision and resulted in further silencing the FOCUS participants.

YWCA service providers were cognizant of the FOCUS participants’ subsidies to the Wellness Centre and attempted to increase their exposure to the Centre through visits and tours. However, it was uncertain whether the facilitators at the Wellness Centre were sensitive to cultural diversity when dealing with their consumers. Since the women were not present or consulted in the YWCA’s structure or decision-making processes, their voices remained unheard.

Feminist Action Research - The Theoretical and Practical Actualities

Approaching this case study from a feminist action research perspective widened my theoretical lens and enabled the identification of organizational issues and ideologies towards service delivery. Through discussions with the service providers their narrow focus on the individual needs of the consumers and a neglect for the “bigger picture” was evident. The FOCUS providers largely believed that offering employment opportunities for the participants enabled them to become self-reliant, empowered and to lead productive and fulfilling lives. However,

people cannot achieve their fullest health potential unless they are able to take control of those things which determine their health (WHO, Health and Welfare Canada & Canadian Public Health Organization, 1986:1)

A person’s social rights must be secured before they can participate in community life.

Poverty and its pervasive consequences imposed major stressors on the participants. Their reference point hinged on their experiences with living in poverty, thus shaping their realities and framing their understandings of social assistance, discrimination, stereotypes, social isolation and their involvement with the YWCA. To varying degrees these experiences impeded their attainment of positive health. According to Belle (1990) and the Women’s Health Conference (1993) the health and life expectancy for those living in

poverty is greatly diminished. Although FAR, according to Comstock & Fox (1983) was intended to change the fundamental conditions that engender poverty, dependence, and exploitation, such a lofty goal was not accomplished in this research project.

A challenge presented by using FAR that required the consistent documentation of my assumptions was the issue of voice appropriation. In one instant I felt touched to "be their voice" (Leann, participant, October 1996), though theoretically feminist action research "hears the diversity of women's voices and experiences" (Reinharz, 1992). In the fully collaborative environment endorsed in FAR, the women should find their own voice and not require the authority of a researcher to explain their lived realities. Collaboration involves self-disclosure by all parties, and requires the researcher to be open, encouraging and understanding throughout the research process (hooks, 1986). Although collaboration and negotiation were a goal of FAR, my location as the "researcher" and the limitations imposed by the research site and the organizational structure of the YWCA inhibited a truly sharing research environment.

No longer is the writer expected to adopt an "objective" and "detached" style of writing. Otherwise, in reading the work the reader is in a passive role in which s/he is being talked to by the expert - the author. In effect, the reader is de-authorized (Mills & Simmons, 1995:21).

Empowerment issues were central in FAR literature and informed my analysis. The word 'empowerment' was commonly used by the service providers and was written throughout YWCA documents and literature. Traditionally, empowerment denoted "bestowing power on others, and enabling act". Evidently, the service providers 'taught' empowerment, the participants thus became the recipients of professional actions (Labonte, 1994), and remained consumers through their involvement with the program. However, from a feminist perspective, empowerment affirms people's right to be listened to and understood, helping them to obtain new perspectives on their situations and encouraging them to take action for themselves (Frisby, Crawford & Dorer, 1997). Only in interacting with others do people gain those healthful characteristics essential to empowerment:

control, capacity, coherence, connectedness, and critical thinking or conscientization (Labonte, 1994; Freire, 1996).

...low-income people have the right, here and now, to support in the face of difficulties...our credibility in working with disempowered groups rests to a large extent on whether or not these groups find community workers to be of practical usefulness (Jackson et al., 1988; cited in Labonte, 1994).

Through gaining a better understanding of the single mothers' experiences, it was clear that organizations such as the YWCA "offer opportunities for social improvement and threaten our very existence" (Mills & Simmons, 1995:5). Few of the recommended changes provided by the service providers extended beyond the scope of the pre-existing structures and relationships. Largely, the service providers were pragmatic and could not conceive of any changes that would require reframing the program or their power base. Taken-for-granted assumptions about the realities and needs of the FOCUS participants informed the providers' approach to service delivery. A misunderstanding or lack of understanding of the major constraints that obscure the women's realities perpetuated non-meaningful forms of service delivery.

Indeed, the YWCA's organizational subcultures and the tensions that arose within generated contrasting forms of service delivery that were exacerbated in a climate of funding restraint and economic viability. As well, the FOCUS program's organizational, political and economic contexts obscured the realities of the women accessing the program. By concentrating its efforts on the criteria of the funders, the YWCA failed to challenge the inaccessibility of wellness opportunities for low-income single mothers that underlay so many of the very problems its programs attempted to address. And by neglecting to engage in collaborative decision making processes, the FOCUS participants were involved in a service whose structures were hierarchical and class-based, reproducing many of the oppressive features of traditional organizational arrangements (Pedersen, 1986).

Merging Perspectives: Possibilities for Change

I did not realize how middle class I was until I got involved in this project. Nor was I aware what a powerful role physical activity and this process could play in the lives of the low-income women. The infrastructure already exists in our community to make a difference, but we have never made the links. We must seriously re-examine the way in which we provide services to these women (Frisby, Crawford & Dorer, 1997).

Unless the unique and individual realities of the women involved in the program are discussed and explored, then the characterizations of this "problem group" as victims of their circumstance will ensue, and potentially non-meaningful services will be delivered.

All too often the voices we hear offer stereotypical descriptions of poor women in their rationales for "quick-fix" solutions. By ignoring the diversity in the population of poor women and the changes in this population over time policy makers and others fail to develop and advocate for policies that address the needs of all types of poor women (Boatright, 1987).

Based on my findings and the literature supporting this research, I devised the first four recommendations (see next section, "Recommendations for Change"). As discussed in Chapter 4, many of the FOCUS participants' suggestions for change were thoughtful and feasible, yet they had not been communicated to the service providers prior to the study. Mandating participant representation at all levels of decision making would enable the YWCA to provide meaningful and potentially life-transforming services to its consumers. By envisioning and implementing the participants as the "producers" or providers of their services, and by becoming truly woman-centered through broad-based participation and through the identification of sexuality, ethnicity and language differences, the YWCA would then be fulfilling its mission towards empowering women. A grassroots and organic approach to service delivery would be an important step in reforming the organizational structure and practices of the YWCA.

The FOCUS participants had many suggestions for networking with the community and liaising with other support groups. As well, one of their major obstacles towards community involvement was access to reliable and affordable childcare. Recommendations five and six were offered by single mothers and were supported by the service providers.

The seventh recommendation was suggested by some of the service providers although it was not a unanimous view. However, through the research it became increasingly evident to me that the role and influence of the funders should be critically examined and possibly revised. Organizational empowerment occurs when structures are democratically managed, when members share information and power, utilize cooperative decision-making processes, and are involved in the design, implementation, and control of efforts toward mutually defined goals (Israel et al., 1994:152).

Empowerment involves an analysis of the causes of powerlessness, a recognition of systemic oppressive forces, and collective and individual action to change the conditions of our lives (Bookman & Morgan, 1988; Shapiro, 1989; cited in Lather, 1991).

All social programs deal with funding problems and FOCUS was no exception. The provincial New Democrat Party policies continued to impose funding constraints that had become problematic for service delivery and consumption. Quantifiably measurable outcomes and expectations, which inherently reflect classist government agendas, should not be the overriding influence in service delivery.

Women need to be placed at the center of thinking and have the right to define as well as the right to decide what is valid, true, and meaningful about their lives (Lerner, 1986).

Continued funding for FOCUS was contingent on the provision of concrete "statistics" indicating program success. Some service providers felt powerless within the confines imposed by the funders, and believed that few changes could be made since they fundamentally had to appease the program's funding source.

Empowerment exists between two perils: that of co-opting or neutralizing social struggle and conflict within the conservative ethos of institutions, and that of naively proclaiming the community as the solution to all sociopolitical and economic problems (Labonte, 1994:255). Perhaps the service providers were uncomfortable with enabling the participants to determine their own agendas as they progressed through the program, because they feared that forthcoming funds may be hindered. Yet achieving a balance.

between government policies, service providers and the active self-determination of the participants would lighten the pre-eminence of government agendas and expectations.

The final three recommendations were alluded to by some of the service providers, though I have drawn them out more explicitly.

Endorse the equitable provision of opportunities to pursue health and fitness for all regardless of social background, but challenge some of the orthodoxies surrounding current social pressures to follow ascetic lifestyles. These orthodoxies tend to be victim-blaming approaches to body image, illness, health, and have re-energized the view that individuals, not institutions, are solely responsible for their health (White et al., 1995).

Two service delivery goals of the YWCA involved the empowerment of today's woman and the provision of health and wellness opportunities. As previously detailed there were issues regarding the consumption and provision of wellness services, and the way in which wellness services were provided was critically examined and explored. The YWCA Wellness Centre's consumer-oriented, profit-based approach to service delivery was based on the presumption of a person's ability to pay. Thus the worth of an individual is determined by her ability to consume.

It is important for the provision of YWCA wellness services to extend beyond who currently participates. The encouragement of "rational recreation" (day trips, the Boy Scouts, Sunday School, *the recreation component of the FOCUS program*) represented a clear mission by a philanthropic segment of the middle-class to individualize responsibility for the health status of working class bodies (and of course their own bodies) (White et al., 1995). Regular physical activity for low-income single mothers was not considered an essential YWCA service. Predominantly, special recreation events, such as trips to the pool or rock climbing, were offered to the FOCUS participants. These activities were a glimpse of middle-class living and were constructed as something they could attain if they persevered and worked diligently enough to achieve.

Since women differed considerably both in the meanings they brought to their physicality and of themselves as women, service provision should be sensitive to these

differences based on class, age, race and ethnicity, lifestyle choices, etc. Services cannot be meaningful until and unless they are grounded in woman-centered conceptual and practical strategies. Research towards this form of service provision should generate informed policy, expanding women's access to sports and exercise, and thereby enhancing their health (Boutilier & SanGiovanni, 1985).

While the experience of personal empowerment is significant for the lives of individual women, the political potential of sport rests on its ability to challenge dominant ideologies and structures of gender relations (Young & White, 1995; cited in Theberge, 1997).

Although some of the women were interested in becoming more active, they did not fully explore ways in which they could do so. An initial step is to develop a world view of research participants and a dialogic research design where respondents are actively involved in the construction and validation of meaning (Lather, 1991). The participants can contribute towards their own emancipatory change and discover new and meaningful ways of being active. As well, service providers working with a group of low-income single mothers could help facilitate this in the program design and implementation; collaboratively identifying opportunities and interests, and determining strategies for overcoming constraints.

Recommendations for Change:

1. The participants should be central in the organizational processes of the FOCUS program and of the YWCA.
2. The FOCUS program should develop a more sensitive and inclusive approach to service delivery whereby issues surrounding gender, class, sexuality and ethnicity are addressed.
3. Assess the FOCUS program's uni-lingual approach to service delivery and determine if a multi-lingual curriculum would be more beneficial.
4. Establish paid working positions for the low-income single mothers in the FOCUS program and in other areas of YWCA service delivery.

5. YWCA childcare should be provided to all women involved in the FOCUS program and other Individual, Family and Community services.
6. Through active collaboration with the single mothers, meaningful and useful networking opportunities (social services, food banks, local businesses, other community recreation opportunities, etc.) should be developed and incorporated into the FOCUS program.
7. For all those involved with the planning and implementation of the FOCUS program (i.e. the participants, the service providers), determine the role of the funders vis a vis the needs of the participants. Establish a consistent and 'women-centered' approach to service delivery and refrain from funding sources that could potentially compromise the integrity of the program.
8. Evaluate and re-conceptualize the YWCA's approach to wellness service delivery so that it fulfills and is congruent with the YWCA mission statement.
9. Consider alternative forms of physical activity that go beyond traditional consumer-oriented forms of provision and extend beyond the Wellness Centre's approach.
10. If the women involved in the program value physical activity, they should determine additional ways in which it can become a part of their daily reality.

Suggestions for Future Research

Compelling avenues for future research include: 1) tensions arising from government control and possibilities for alternative decision-making processes; 2) how can collaboration be achieved and what are the outcomes; and 3) should the provision of physical activity opportunities become more political in order to increase participation rates?

However, the most salient theme arose from the overriding organizational structures evident in the example of the YWCA. Little is still known about the potentialities of an organizational structure where women organize *with* women, and whether such organizational practices can exist. In such a scenario, is the participant's improved health

more likely? Would clear delineations between the consumer and the provider remain? How would funding or financial resources be secured? Would a better understanding of the participants and providers' lives be gained? These questions offer a host of fascinating routes for future research.

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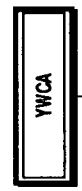
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APPENDICES



THE UNIVERSITY OF BRITISH COLUMBIA



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210, War Memorial Gym
6081 University Boulevard
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Tel: (604) 822-3838 Fax: (604) 822-6842

I have received the attached letter of introduction for my files and I understand that which is required of participants in the study entitled "Feminist Action Research: Do Physical Activity Services for Low-Income Women Foster Self-Reliance?".

I CONSENT to participate in the study.

Signature_____Date:_____

I DO NOT CONSENT to participate in the study.

Signature_____Date:_____

I CONSENT to having the focus groups tape recorded.

Signature_____Date:_____

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