Exploring the Possible Impacts of a Guaranteed Livable Income on Low Income Women with Disabilities in Nova Scotia: A Grounded Theory Analysis

by

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Abstract

Nova Scotia has the highest poverty rate in Canada and the rapid increases in food and housing costs in the province are making it increasingly difficult to afford cost of living, especially for those living on a limited income. Women with disabilities are especially vulnerable to poverty. They are more likely to experience unemployment, and more likely to rely on some form of income assistance, than women without disabilities or men with disabilities. Given that the province's income assistance support package falls severely below the poverty line, women with disabilities in Nova Scotia are at high risk of experiencing housing and food insecurity, which significantly impacts their well-being. There is a marked need for policy interventions that address the rising rates of poverty, especially among high risk groups. Advocates have recommended the implementation of a guaranteed liveable income (GLI) to address poverty in Canada. However, more research is needed to understand how it could address the unique challenges faced by women with disabilities in Nova Scotia.

The purpose of this thesis was to understand the effects of living on income assistance, and to explore the possible impacts of a GLI on women with disabilities in Nova Scotia. This was accomplished through qualitative interviews with women with disabilities on income assistance as well as members of the advocacy group Basic Income Nova Scotia. Using constructivist grounded theory, the interview data was coded line by line, followed by focused coding to group codes into categories and then themes. An explanatory theory was then developed that explored the relationships between the main themes. The implications of this thesis are significant for policy makers and advocates who wish to address poverty among vulnerable populations. While the thesis indicates the positive impacts of a GLI, it also highlights the need for strong social supports to fully address the needs of women with disabilities.

Chapter 1: Introduction

Significance

People with disabilities are at a high risk of experiencing poverty ((Saulnier & Sawler, 2023). This is due to multiple factors, including difficulties with employment; below poverty-level income assistance rates; discrimination; and a higher cost of living associated with having disabilities (Disabled Women's Network of Canada, 2014; Kimpson, 2021). Women with disabilities are especially vulnerable to poverty. Compared to men with disabilities and women without disabilities, they have far lower median incomes, experience higher rates of unemployment, and are more likely to rely on income assistance (Disabled Women's Network of Canada, 2014; Kimpson, 2021; McDiarmid, 2023).

There is a growing concern that current income assistance programs perpetuate poverty and adverse health outcomes for women with disabilities (Mays, 2016).Women with disabilities are more likely to rely on federal and provincial disability support programs than men with disabilities, with provincially administered disability benefits being the main source of income support (Disabled Women's Network of Canada, 2014). Across Canada, provincial income assistance and disability benefits provide incomes that are 52-64% below the poverty line, leaving recipients struggling to meet their basic needs (CBC News, 2020; Income Security Advocacy Centre, 2022; Laidley & Tabbara, 2023). As a result, women with disabilities who rely on provincially administered benefits are among the most impoverished in the country, with poverty being most severe and prevalent among women with disabilities who are also single parenting, Indigenous, racialized, or newcomers to Canada (Chouinard & Crooks, 2005; Disabled Women's Network of Canada, 2014; Halseth, 2013; Kimpson, 2021).

Context

Nova Scotia is experiencing an exponential rise in the cost of living that has led to the province having the highest provincial poverty rate and the second highest food insecurity rate in the country (Saulnier & Sawler, 2023; United Way Halifax, 2024). Affordable housing is also becoming increasingly scarce, especially within the Halifax Regional Municipality (HRM) (United Way Halifax, 2024). United Way Halifax reports that rapid increases in rental rates are resulting in more individuals living in unsafe, unaffordable, or inadequate housing, which is culminating in a crisis as rates of homelessness continue to rise (United Way Halifax, 2024). As the report notes, the increasing rates of poverty, as well as the rising food and housing insecurity, will have a significant impact on the well-being of Nova Scotians, affecting their ability to meet their basic needs.

Those already living in poverty are the most vulnerable to the province's rising cost of living. Nova Scotia has the highest disability rate in the country, with 37% of Nova Scotians reporting a disability, and a higher proportion of those being women. (Accessible Nova Scotia, 2024; Saulnier & Sawler, 2023; United Way Halifax, 2024). Despite the rising cost of living and relatively high disability rates, income assistance and disability benefit rates in Nova Scotia remain one of the lowest in the country (Saulnier & Sawler, 2023) Nova Scotia provides individuals receiving disability support with an income that is 48% of the poverty line (Laidley & Tabbara, 2023). This level of income support places recipients in deep poverty and makes it incredibly difficult to afford basic needs; the rising levels of food insecurity along with the housing affordability crisis compound the problem (Government of Nova Scotia, 2023; Li et al., 2023). As Nova Scotia's cost of living continues to rise, women with disabilities, especially those living on income assistance, will likely be disproportionately impacted.

Implications for Health Promotion

The prevalence of poverty among women with disabilities has significant implications for public health. Women's health is strongly influenced by other social determinants of health (Ralli et al., 2021). While women are more likely to suffer from illness and poor health than men, poverty and disability create additional layers of marginalization that further exacerbate these disparities (Matin et al., 2021; Reid, 2007; Whittle et al., 2020; Wisdom et al., 2010). Health is strongly affected by income, and it has been long-observed that income has a graded relationship with health (Adler & Snibbe, 2003; Phelan et al., 2004; Reid, 2007). Even with universal healthcare access, those with the lowest incomes have the highest rates of mortality and morbidity (Adler & Snibbe, 2003; Reid, 2007). Poverty exacerbates the health disparities women face by restricting access to health promoting resources, and limiting their ability to afford nutritious food and access healthcare in a timely manner (Reid, 2007; Whittle et al., 2020).

These disparities further widen for women who occupy multiple intersecting identities. Women with disabilities experience worse health outcomes and a greater likelihood of illness than women without disabilities as a result of their marginalization and the higher prevalence of poverty among them (Matin et al., 2021; Reid, 2007; Whittle et al., 2020). According to a scoping review on the health disparities between women with and without disabilities by Wisdom et al. (2010), women with disabilities are more likely to experience and die of chronic conditions and are more likely to have mental health and substance use problems. They also state that women with disabilities are less likely to engage in health promoting behaviors and often receive a lower quality of care despite being more likely to have increased levels of healthcare utilization and cost (Wisdom et al., 2010).

According to Wisdom et al. (2010), disability and good health are often viewed as opposing states, but it is possible to have a disability and otherwise be in good health. They state that many of the disparities that exist for women with disabilities are preventable, which indicates a need for interventions that promote the health of women with disabilities, rather than simply focusing on preventing disabilities. The high burden of income and health disparities that exist among women with disabilities is the cumulative effect of experiencing multiple intersecting forms of discrimination that makes accessing healthcare, education and employment more difficult (Kimpson, 2021). Given that the intersection of poverty, gender, and disability can have a powerful impact on health, this indicates that health promotion efforts need to address health inequalities and the social determinants of health through an intersectional lens that acknowledges the cumulative effects of living in multiple marginalized identities.

Addressing Poverty through a Guaranteed Livable Income

The implementation of a guaranteed livable income is one possible solution to address some of the health disparities associated with poverty. Within Nova Scotia, the advocacy group Basic Income Nova Scotia has been advocating for an unconditional or guaranteed livable income (GLI) to reduce poverty and ensure a secure income level for all citizens (Basic Income Nova Scotia, 2021; Statistics Canada, 2019). A GLI is an income program that ensures all members of society are guaranteed an income that is sufficient to meet their basic needs, participate in society, and live with dignity (Basic Income Canada Network, n.d.-b). Unlike current income assistance programs, the only condition to receiving a GLI is the income of the recipient (Basic Income Nova Scotia, 2021).

While reducing poverty does not address all barriers to health equity, past research indicates that alleviating poverty through a guaranteed income leads to improved physical and mental well-being. A current example is Canada's public pension system. Through the provision of Old Age Security (OAS) and the Guaranteed Income Supplement (GIS), the public pension system has effectively created a guaranteed income for seniors (Béland & Marier, 2022; Emery et al., 2013). This pension plan has been incredibly effective in reducing poverty in seniors over 65, to the point that Canada has one of the lowest elder poverty rates in the world (Béland & Marier, 2022; Emery et al., 2013). Receipt of GIS and OAS has also been associated with better self-reported health and mental health, as well as improved functional health (McIntyre et al., 2016).

The impacts of a GLI in Canada have also been explored through studies of past pilot projects held in Manitoba in the 1970's and Ontario in 2017 (Ferdosi et al., 2020; Forget, 2011; Gibson et al., 2020; Haushofer & Shapiro, 2016; McDowell et al., 2020; Ruckert et al., 2018). Forget's (2011) study of the Manitoba pilot (also known as MINCOME) finds that participants' hospitalization rates decreased by 8.5% over the years a guaranteed income was distributed to residents. Results from Calnitsky and Gonalons-Pons (2021) study of the same Manitoba project shows that MINCOME was associated with a reduction in violent crime. Meanwhile, in Ferdosi et al.'s (2020) research study exploring the impact of Ontario's 2017 basic income pilot, recipients reported improvements in physical and mental health. These Canadian studies provide evidence that a guaranteed livable income can be an effective health promotion strategy. By reducing poverty, recipients' physical and mental health were improved (Ferdosi et al., 2020; Forget, 2011; McDowell et al., 2020).

The Status of a Guaranteed Livable Income in Canada

With strong evidence of a GLI having a positive impact in Canada, advocates and political actors have been calling for the implementation of a federal GLI (Basic Income Canada Network, n.d.-b; basic income canada youth network, 2024; Basic Income Nova Scotia, 2021; Coalition Canada, 2021; Forget & Owczar, 2021; Gazan, n.d.; McDowell et al., 2020). In 2019, The National Inquiry into Missing and Murdered Indigenous Women included in one of the Calls for Justice the implementation of a GLI to ensure income security and to meet the economic and social needs of all Canadians, including Indigenous Peoples (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). In early 2022, Senator Kim Pate and Member of Parliament Leah Gazan introduced bills into the Senate and House of Commons to implement a GLBI (guaranteed livable basic income) (Gazan, n.d.; UBI Works, 2022).

Advocacy for a GLI is not limited to those on the progressive left. The late Conservative Senator Hugh Segal was a long-time activist for GLI. He spoke and wrote extensively in favour of implementation, and helped to design the Ontario Basic Income Pilot Project in 2016, showcasing that support for a GLI can exist across ideological lines (Coalition Canada, 2023). In 2020, The Canadian Chamber of Commerce, a business lobby group that represents small and medium sized businesses in Canada, passed a resolution recommending the Federal government create basic income pilot projects and conduct a cost-benefit analysis of a nationwide basic income program (Canadian Chamber of Commerce, 2020; Zoschke, 2020).

Since the interviews in this thesis took place, several developments in GLI have occurred. In June 2023, the Federal government passed Bill C-22, a Federal disability benefit, and it is now in the development phase (Employment and Social Development Canada, 2024). Quebec has recently implemented their own Basic Income Program which provides $1211 per month to those either already on provincial income assistance or those able to prove severely limited capacity to work the last 66 out of 72 months (Government of Quebec, 2023). Newfoundland and Labrador have also announced a plan to introduce a targeted basic income for seniors aged 60-64 receiving social assistance as part of their new poverty reduction plan (Government of Newfoundland and Labrador, 2023).

Research Problem

Women with disabilities experience significant levels of income inequality and are at a high risk of experiencing poverty (Kimpson, 2021). There is also concern that current income assistance programs are perpetuating the inequalities that women with disabilities experience (Chouinard & Crooks, 2005; Lightman et al., 2009; Mays, 2016). The intersection of poverty, gender, and disability creates significant health disparities, which indicates the need for health promotion interventions that address the social determinants of health from an intersectional lens (Whittle et al., 2020; Wisdom et al., 2010). A GLI is a potential solution to addressing the shortfalls of income assistance and reducing the current income inequalities and resulting health inequalities that exist in Canada (Forget, 2011; Kimpson, 2021). Since women with disabilities are an especially vulnerable group, before implementing a GLI it is important to understand the difficulties faced by women with disabilities, and the strengths and limitations of a GLI, to ensure that it would effectively address their needs and address the inequalities they face.

Canadian literature indicates that women with disabilities living on income assistance are some of the most impoverished in the country, which contributes to poorer health outcomes among this population (Kimpson, 2021). Although every province has its own income assistance program, Canadian literature focuses on the experiences of those living in British Columbia or Ontario (Kimpson, 2015; Lightman et al., 2009). Given Nova Scotia's unique context with its high rates of disability and poverty and low rates of income assistance, the lack of research on women with disabilities on income assistance in Nova Scotia seems like a gap in knowledge. Understanding the challenges they currently face on income assistance would also help elucidate the impact of a future GLI.

Although there have been past studies on GLI in Canada, there are still gaps in knowledge. The research on the Manitoba pilot from Forget (2011) and Calnitsky and Gonalons-Pons (2021) indicates that a GLI has significant impacts on recipients' health and well-being, especially among women. However, neither study explores the impacts among those with disabilities. Ferdosi et al.'s (2023) report explores the experiences of those who were previously on Ontario Disability Support (ODSP). Their report provides evidence of the positive impact of a GLI on the health of people with disabilities, but it is limited to the experiences of Ontarian residents (Ferdosi et al., 2023). This research also doesn’t explore the impacts of GLI at the intersection of gender and disability. Given how poverty, gender, and disability intersect to impact health, the lack of research in Canada that explores GLI’s impact on the health of women with disabilities indicates that there is gap in a knowledge.

Purpose

Women with disabilities are at a significant risk of experiencing poverty and poor health. A GLI could act as an important tool for health promotion by reducing income inequality. Given how vulnerable women with disabilities are, it seems important to understand the challenges they face on current income assistance programs and listen to their perspectives on GLI so that inequities created by income assistance are not perpetuated through a GLI. With growing political support for a federal GLI and several new GLI programs in planning or implementation stages, understanding the challenges experienced by vulnerable populations becomes especially pertinent as it can illuminate how a GLI can effectively meet their needs. In addition, given the unique problems that Nova Scotia faces, it seems important to understand how any future, federally implemented GLI would fit within the current context of the province and how it would address the needs of one of its most vulnerable populations.

The purpose of this thesis was to explore the experiences of women with disabilities on income assistance in Nova Scotia and examine how a GLI could impact them compared to current income assistance programs. This was accomplished by interviewing women with disabilities, and GLI advocates, in Nova Scotia. This study shed light on the specific challenges that women with disabilities relying on Nova Scotian income assistance face, and explored how some of the social determinants of health, including gender, disability, and income, intersect to affect health. The research also gave a voice to an under-represented population in GLI discourse, and provided a better understanding of GLI's impact on a vulnerable population within the Nova Scotian context.

Listening to the voices of women with disabilities helped indicate where a policy like GLI could make the most difference and where there would still be unmet needs that would require additional support. Comparing their experiences to the perspectives of advocates further highlighted the strengths and limitations of a GLI to address the challenges faced by women with disabilities. By highlighting how a GLI could improve Nova Scotian women with disabilities' lives, while underlining the gaps in support that would still exist, this thesis attempted to illuminate a path forward in addressing the poverty and health inequities faced by women with disabilities. Thus, this study aimed to address some of the gaps left by existing literature and give a voice to a vulnerable population that often gets left out of mainstream discussions of poverty and GLI.

Research Question

In this thesis, I explore the following central research question: How could a GLI potentially impact the lives and health of women with disabilities in Nova Scotia compared to current disability benefit and income assistance programs?

Study Design

To address the research question, I will conduct individual, semi-structured interviews with women with disabilities who had experience living on income assistance in Nova Scotia, as well as members from an advocacy group, Basic Income Nova Scotia.

Distinct interview guides were developed for both groups being interviewed. These interview guides will be further discussed in the methodologies section.

The interviews with women with disabilities focus on the impact income assistance has on their lives and their perception of a GLI. Interviews with advocates focus on GLI's strengths and limitations, as well as the challenges they have observed in implementing a GLI. Interviewing different groups of participants will illuminate the areas where a GLI could enact change as well as what needs would remain unmet by a GLI.

This research uses social justice inquiry as the guiding philosophical framework, and applies constructivist grounded theory as the method. Social justice inquiry can be used to address issues of power and inequality at both the individual and population levels of analysis, examining issues of systemic barriers, poverty, and the repercussions of injustice (Charmaz et al., 2017). Constructivist grounded theory can be used to explore actions, social processes, or interactions through an iterative process of data collection, sampling, comparison, and analysis (Bainbridge et al., 2013; Charmaz, 2014; Creswell & Poth, 2018). Through this process, a theory can develop to explain the phenomena and the context in which it occurs in that is "grounded in the data" (Bainbridge et al., 2013; Charmaz, 2014). Using constructivist grounded theory underpinned by social justice inquiry allows for a rich exploration of how GLI could impact the lives of women with disabilities while addressing the inequities that they face.

Definitions

Disability

This thesis defined disability using the social model of disability. This model views disability as an interaction between an impairment, whether physical, mental, cognitive, intellectual, sensory, or developmental, and environmental or attitudinal barriers that hinder the individual from full and effective participation in society (Employment and Social Development Canada, 2020; Kimpson, 2021). Women with disabilities face significant barriers to their full and equal participation in society (Disabled Women's Network of Canada, 2014; Kimpson, 2021). This has increased their risk of poverty and led to significant difficulties in managing health and accessing healthcare (Whittle et al., 2020). Disability also interacts with other axes of identity, such as race, immigrant status, sexuality, gender, gender expression, and class to produce unique experiences of disability and forms of ableism (Kimpson, 2021). To properly understand the experiences of individuals with disabilities, it is important to acknowledge the complex ways in which disability intersects with other identities.

Ableism

Ableism is prejudice and discrimination against people with disabilities based on the belief that typical abilities are superior (Eisenmenger, 2019; Villines, 2021). At its heart, ableism assumes that people with disabilities are less valuable than people without disabilities and need to be fixed (Eisenmenger, 2019; Villines, 2021). As a form of systemic oppression, it can occur institutionally or interpersonally, and can take many forms including subtle comments, lack of accessibility in a building, refusal to accommodate, or openly hostile behavior (Eisenmenger, 2019; Villines, 2021).

Guaranteed Livable Income

A guaranteed livable income (GLI) is a predictable, unconditional cash payment provided to all individuals who need it (Gazan, n.d.). A GLI is meant to ensure that all members of society are guaranteed an income that is sufficient to meet their basic needs, participate in society, and live with dignity (Basic Income Canada Network, n.d.-b) This means that any form of GLI would need to be sufficient to lift a person out of poverty (Basic Income Nova Scotia, 2021). Unlike current forms of income assistance, making GLI unconditional would mean that were would be no requirements for recipients to work (or seek employment, education, or training) and would remove the need for onerous application processes to prove eligibility (Basic Income Nova Scotia, 2021; Gazan, n.d.; Kimpson, 2021).

In addition, rather than subjecting recipients to punitive clawbacks when they try to work, a GLI is gradually reduced as income increases (Coalition Canada, 2021). This is meant to ensure dignity, security, and human rights for all and allow all people to fully and equally participate in society (Basic Income Nova Scotia, 2021; Gazan, n.d.). There are multiple terms and definitions used in relation to this concept, including basic income, or basic income guarantee. While these terms are often used in the literature to describe the same concept as a GLI, I chose the term GLI because of its emphasis on a livable income that would allow people to thrive, instead of just to survive. Although this thesis used the term GLI, many of the participants responded using the term basic income, which I left as part of their quotes.

The Poverty line in Canada

The "Official Poverty Line" in Canada is determined by the Market Basket Measure (MBM) (Employment and Social Development Canada, 2018). According to Employment and Social Development Canada (2018), the MBM reflects the combined cost of a basket of goods and services that a family of four would require to meet their basic needs and achieve a modest standard of living. An equivalence scale can then be used to determine the MBM for an individual or differently sized family (Statistics Canada, 2021). Recognizing that cost of living fluctuates between cities and regions, the MBM is priced for 53 different geographic areas (Statistics Canada, 2021). If an individual or family cannot afford this basket of items, they are considered below the poverty line (Employment and Social Development Canada, 2018).

Food and Housing Insecurity

Food and housing insecurity are referred to throughout this thesis. Food insecurity can be defined as an inability to acquire or consume food that is either adequate in quality or sufficient in quantity in socially acceptable ways, or the uncertainty that one will be able to do so (Statistics Canada, 2020). Housing insecurity can take multiple forms, including homelessness, high cost burden, instability, evictions, living in substandard, poor quality housing, or living in unsafe neighborhoods (Leopold et al., 2016).

Conclusion

Women with disabilities, especially those who occupy multiple intersecting identities, are at high risk of experiencing poverty. This is especially concerning in Nova Scotia, which has the highest rate of disability and the highest rate of poverty within

Canada. The province also provides a level of income assistance that is significantly below the poverty line.

To address rising levels of poverty, advocates have been calling for a national GLI to be implemented within Canada. In addition, political progress has been made in implementing various forms of GLI within Canada to address poverty. However, while evidence from past research shows that providing a GLI could reduce poverty in Canada, there have been no studies conducted within the Nova Scotian context. Given the current state of income assistance in Nova Scotia and the unique challenges that the province is facing, it is important to understand the specific challenges of women with disabilities on income assistance and how a GLI would impact them.

This thesis sought to explore the impacts of a GLI on women with disabilities, within the unique context of Nova Scotia, using data that was grounded in the lived experiences of women with disabilities. The inclusion of the expert opinions of advocates provided necessary background and context to support the experiences of women with disabilities. Constructivist grounded theory underpinned by a social justice inquiry philosophy was used to analyze the data and allowed for a rich exploration of the topic viewed through the perspectives of two very different groups of participants.

Chapter 2: Literature Review

Overview

This chapter provides an overview of the existing literature on women with disabilities, poverty, and health, as well as the current evidence regarding a GLI's impact in Canada. Women are more likely to have disabilities, as 30% of Canadian women have one or more disabilities, compared to 24% of Canadian men (Statistics Canada, 2023a). This national trend holds true within Nova Scotia, where there are more women with disabilities than men with disabilities in the province (Saulnier & Sawler, 2023).

Living in multiple marginalized identities increases the risk of experiencing poverty. Poverty is a gendered phenomenon, with women being far more likely to experience poverty than men (Reid, 2007). Meanwhile, people with disabilities experience poverty at far greater levels than people without disabilities. In Canada, the rate of poverty for people with disabilities is 16.5% compared to 8.6% for people without disabilities (Sarangi et al., 2023). The risk of poverty increases for women with disabilities; in Canada, 17.6% of women with disabilities live in poverty, compared to 15.1% of men with disabilities (Sarangi et al., 2023). This disparity in poverty rates for women with disabilities are a significant concern for the province of Nova Scotia, which has both the highest rate of disability and the highest rate of poverty in the country (United Way Halifax, 2024).

The factors that contribute to poverty among women with disabilities are widespread and complex. Women with disabilities face significant social and environmental barriers that limit their full and equal participation in society, and contribute to their economic inequality. These barriers include: difficulties with employment; reliance on income assistance; discrimination; and higher cost of living associated with having disabilities (Disabled Women's Network of Canada, 2014; Kimpson, 2021). Many women with disabilities also hold more than one identity, and these can contribute to their risk of experiencing poverty. Women with disabilities who are Indigenous, racialized, Newcomer Canadians, or single-parents, experience significantly higher rates and more severe levels of poverty (Kimpson, 2021).

Income is an important social determinant of health (Reid, 2007). The poverty women with disabilities experience leads to significant health disparities. The deprivation caused by living in poverty can worsen pre-existing conditions or cause new health issues to emerge (Whittle et al., 2020). Women are already more likely to suffer from poor health than men, but the additional challenges that women with disabilities face means that they experience worse health outcomes than women without disabilities (Matin et al., 2021; Reid, 2007). One potential intervention to address the health disparities that women with disabilities experience is to reduce poverty through the implementation of a GLI. Although no current national GLI exists, there are multiple examples of programs similar to a GLI being effective in Canada.

The Cost of Disability

People with disabilities often face additional costs related to their disability which lower their standard of living. A study by Dumais et al. (2015) documented and quantified the costs of disability for people with disabilities within Canada. In their study, they found that the most common additional costs often related to housing, healthcare, and transportation. They split these costs into two categories, specific additional costs (SAC), and general additional costs (GAC). They defined SAC as the expenses incurred due to a shortfall in the provision of social services. These expenses could include paying out-of-pocket to supplement a home adaptation grant or paying for a taxi to a medical appointment, rather than relying on an inadequate paratransit system. SAC could also occur when limited amounts are provided for medical treatments, forcing the individual or their family to make up the difference with their own money (Dumais et al., 2015).

On top of the costs related to inadequate social service coverage, Dumais et al. (2015) discovered that there was a second category of costs which were vague enough that no social program would cover them, yet they still carried real economic consequences. These harder to account for expenses, which they labelled GAC, included paying a higher rent for an accessible apartment and paying for over-the-counter medications needed to manage symptoms. Dumais et al. (2015) stated that these additional costs make it even harder for people with disabilities to afford the cost-of-living, and contribute to their social and economic inequality. They acknowledged that, depending on the income of the household and the level of family support, these additional costs can represent a significant barrier to the social participation of people with disabilities.

Employment

Women with disabilities experience poverty at significantly higher rates than other parts of the population. While the reasons behind this are complex, one significant contributing factor is the challenges that women with disabilities experience with regards to employment. According to a Labour Force Survey from Statistics Canada (2023), employment rates differ significantly between people with and without disabilities, with variations depending on age, gender, and severity of disability. Among those aged 25-64, people with disabilities are employed at much lower rates (68.6% for men, and 65.7% for women) than people without disabilities (74.4% for men, and 73.4% for women) (Statistics Canada, 2023b).

These rates of employment further lower for those whose disabilities are more severe. Among Canadians who are considered to have severe disabilities, the employment rate drops to 47.2% for men and 52.9% for women (Statistics Canada, 2023b). Along with experiencing lower rates of employment, women with disabilities are also more likely to be employed in part-time work than men with disabilities or women without disabilities (Disabled Women's Network of Canada, 2014). Given that unemployment rates are significantly higher among women who are Indigenous, racialized, or newcomer Canadians, it can also be inferred that employment rates for women with disabilities who hold multiple identities would likely be further impacted (Block et al., 2019; Halseth, 2013).

Along with lower rates of employment, women with disabilities also face significant barriers to equal participation within the workforce, including discriminatory treatment, ableism, and lack of accommodations. In a report which explored the feasibility of GLI programs to contribute to the equal participation of gender-diverse people and women with disabilities, Kimpson (2021) found that workplace accommodations for people with disabilities were often inadequate or non-existent. Burlock's (2017) report on the socioeconomic status of women with disabilities in Canada found that women with disabilities were much less likely to receive a workplace accommodation than men. This lack of accommodations can make it more difficult for women with disabilities to maintain stable employment (Kimpson, 2021).

Women with disabilities may also face other types of discriminatory treatment in the workplace. Kimpson (2021) explained that due to being perceived as disadvantaged by their employers, people with disabilities may be given fewer hours than their co-workers without disabilities. She found that women with disabilities work fewer hours than women without disabilities (11 to 13 weeks less). Kimpson (2021) also noted that women with disabilities who are Indigenous, racialized, or newcomer Canadians must contend with both gendered racism and ableism, which would further affect their chances of obtaining sufficient employment and earning an income adequate to meet their needs (Kimpson, 2021).

Those who do find employment still earn significantly less than people without disabilities. People with disabilities have significantly lower annual incomes than people without disabilities (Kimpson, 2021; McDiarmid, 2023; Statistics Canada, 2023c). While this can be partially attributed to people with disabilities being more likely to work part-time, significant wage gaps persist for people with disabilities who are employed full-time (Kimpson, 2021; McDiarmid, 2023; Schimmele et al., 2021). A Statistics Canada report on the earnings pay gap between people with and without disabilities by McDiarmid (2023) stated that people with disabilities earn 21.4% less than people without disabilities. McDiarmid also confirmed that this disability wage gap persisted among both men and women. Additionally, she found that while earnings increased among younger populations (25-34) and those with post-secondary education, the gap did not close. When she examined the gender wage gap alongside disability status, she found that women with disabilities earned approximately 20% less than men with disabilities.

This wage gap widened for women who were also Indigenous, racialized, or newcomer Canadians (Kimpson, 2021; McDiarmid, 2023).

The combination of disability and gender wage gaps experienced by women with disabilities have a significant impact on their income. A report by the Pay Equity Office of Ontario showed that Canadian women with disabilities earn an average of $25,900 less than men without disabilities per year, which translated to a 43% annual gender wage gap for women with disabilities (Pay Equity Office, 2021). This meant that even for women with disabilities who were employed, their income might not be sufficient to pull themselves out of poverty. A Statistics Canada report by Schimmele et al. (2021) showed that the median income for women with severe disabilities was only $17,520 annually.

In short, women with disabilities must contend with discriminatory treatment, lack of accommodations, and gender and disability wage gaps. These employment challenges negatively impact their income, and make it significantly more difficult for them to support themselves than it is for men and women without disabilities or men with disabilities. These difficulties with employment also result in women with disabilities being far more likely to rely on income assistance than men with disabilities or women without disabilities.

Income Assistance in Canada

In Canada, women with disabilities are three times more likely to rely on federal and provincial disability support programs than men with disabilities, with provincially administered disability benefits being the primary source of income support (Disabled Women's Network of Canada, 2014). However, there is a growing concern that current policies and programs perpetuate adverse outcomes for people with disabilities, such as poverty, discrimination, and poor health (Mays, 2016). Disability benefits provide an income that is far below the poverty line, and women with disabilities who rely on provincially administered benefits are among the most impoverished in the country (Chouinard & Crooks, 2005; Kimpson, 2021). A report by the Maytree showed that provincial income assistance rates are 52-64% below the poverty line, leaving recipients struggling to meet their basic needs (CBC News, 2020; Income Security Advocacy Centre, 2022; Laidley & Tabbara, 2023). The hardships caused by living on such an inadequate income are amplified by the strict eligibility criteria and oppressive rules imposed by the administrators of income assistance (Chouinard & Crooks, 2005; Kimpson, 2021).

A qualitative research study by Chouinard and Crooks (2005) explored the impacts of the Ontario Disability Support Program (ODSP) on ten women with disabilities. They believed the structure of provincial disability benefits was disabling. In their study, participants described the application process to receive benefits as complicated and difficult to navigate. Their participants struggled to access the information they needed to understand their entitlements, and as a result missed out on benefits they should be receiving. Additionally, recipients needed to provide continuous proof of eligibility, a demeaning and stressful process which made it more difficult to access necessary supports (Chouinard and Crooks, 2005).

According to the rules set out by the Nova Scotia Department of Community Services (2024) policy manual, the current process of accessing provincial disability support requires that applicants have an eligible diagnosis of at least one of the following: an intellectual disability; physical disability; or long-term mental health condition. The policy manual states that to prove their eligibility, applicants must provide documentation of a diagnosis from a physician, nurse practitioner or psychologist. They state that applicants must also provide collateral information on their daily living activities and undergo functional and financial assessments before being deemed eligible. Like Chouinard and Crooks' observations of ODSP, applicants must undergo continuous testing of their eligibility. A review is held every two years or when they have a change in circumstances, at which point they will once more need to prove their financial and medical needs to their case worker (Department of Community Services, 2024).

In Lightman et al.'s (2009) qualitative study of people with episodic disabilities and their experiences with ODSP, they stated that provincial programs use institutional definitions of disability that rely on the medical model of disability to categorize individuals as either able or disabled (unemployable). They argued that individuals whose conditions are episodic, and fluctuate in symptoms, severity, or duration are often invalidated by the current prevailing definitions of disability. Their conditions are dismissed, despite the limitations they experience in maintaining their health and participating in the workforce and community (Lightman et al., 2005).

According to Chouinard and Crooks (2005), this strict eligibility criterion can render approximately 62-87% of disabled people ineligible, finding them "not disabled enough" to receive the benefits they need. Women are particularly vulnerable to this, as they are much more likely to experience episodic disabilities (Kimpson, 2021; Lightman et al., 2009). As a result, many people with disabilities, especially women, must rely on income assistance which provides a much lower income than disability benefits (Chouinard & Crooks, 2005).

Individuals who do fit the narrow eligibility criteria required to be eligible for disability benefits and who can navigate a difficult bureaucratic process are still left with an income that is deeply inadequate to meet an individual's basic needs (Chouinard & Crooks, 2005). In every province, the amounts offered by provincial income assistance and disability benefits vary, but none provide an income which could be considered above the poverty line (Forget & Owczar, 2021). In Nova Scotia, income assistance for a single individual is $686 per month, while an individual who qualifies as disabled receives an enhanced disability amount of $950 per month, and those who are homeless receive $380 per month (Department of Community Services, 2022). According to the Maytree report on welfare in Canada by Laidley & Tabbara (2023), the total annual income provided to a single individual on Nova Scotian disability benefits in 2022 amounted to $13,532 below the poverty line, or 48% of the MBM. Their calculation included additional federal/provincial tax credits plus two cost-of-living support payments given to income assistance recipients in 2022 (approximately $400 per individual) (Laidley & Tabbara, 2023).

By creating obstacles to accessing benefits, and providing an income that is insufficient to cover basic needs and additional costs associated with disability, current income assistance programs promote financial reliance on partners and family (Chouinard & Crooks, 2005). Reliance on partners is further promoted by the common practice of cutting benefits to recipients based on their spouse's income (Kimpson, 2021). Not only does this hinder the independence of women with disabilities, but it can leave them more vulnerable to abuse (Chouinard & Crooks, 2005; Kimpson, 2021). Women with disabilities are at a significantly higher risk of experiencing violent victimization, and twice as likely to experience intimate partner violence compared to women without disabilities (Cotter, 2018). Having a secure and adequate income tied to the individual would reduce the likelihood of a woman with disabilities staying in a home environment that is violent or abusive to escape poverty (Kimpson, 2021).

Current levels of provincial income assistance and disability supports are inadequate to support individuals' basic needs and their ability to live with dignity. Meanwhile, the eligibility requirements of provincial disability support programs fail to account for the fluctuating and complex nature of disability, leaving many with disabilities to fall through the cracks. The qualification requirements to access disability benefits programs also create additional barriers for Indigenous and racialized women facing systemic discrimination within the healthcare system. With recipients surviving on minimal income and unable to access vital resources, current programs are disabling, disempowering, and further marginalizing of an already vulnerable group. Alternatives, such as a GLI or the recently passed Canada Disability Benefit[1], would need to provide a standard of living that would account for more than the bare minimum of needs. It would also need to conceive of disability beyond narrow definitions, recognizing it as an alternating experience over a lifetime. Failure to do so will continue to sustain inequality and the resulting negative health outcomes.

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[1] The Canada Disability Benefit was passed in 2023 after interviews had been completed; it has recently finished consultations and is in the development phase (Employment and Social Development Canada, 2024)

Intersectionality

Disability and Race

In Canada, Indigenous and racialized women experience inequities in access to education, employment, housing and food security, and greater difficulty accessing disability benefits (Halseth, 2013; Public Health Agency of Canada, 2020). Due to these systemic barriers Indigenous and racialized women experience higher rates of unemployment and lower incomes, leading to Indigenous and racialized women suffering from some of the highest rates of poverty in the country (Block et al., 2019; Halseth, 2013; Native Women's Association of Canada, 2007; Public Health Agency of Canada, 2020). Poverty rates for Indigenous women are double that of non-Indigenous women, and an estimated 20.8% of racialized Canadians live below the poverty line compared to 12.2% of non-racialized Canadians, with women making up the largest group of racialized Canadians living below the poverty line (Block et al., 2019; Halseth, 2013). Given that women with disabilities are already more likely to live below the poverty line, it can be inferred that the risk of poverty is much higher for women with disabilities who occupy these intersecting identities.

Further contributing to the poverty experienced by Indigenous and racialized people with disabilities are the additional barriers they face when attempting to navigate the convoluted system of disability benefits and services. The effects of "racism, colonialization, marginalization, indifference, and general mistrust of/alienation from systems designed to make life better, combined with systemic poverty" create barriers that exclude Indigenous and racialized people from accessing the services they need (Disability Advisory Committee, 2020; Kimpson, 2021). To qualify for disability benefits, applicants require a healthcare provider, usually a doctor, to provide an assessment that verifies their disability and its impact (Disability Advisory Committee, 2020). This requirement can prevent Indigenous and racialized people from accessing the support they need, as there are multiple barriers to receiving assessments which include living in remote communities, lack of access to healthcare providers, lack of healthcare provider's cultural and social understanding, lack of funding, and racist discrimination (Disability Advisory Committee, 2020). As a result of these barriers, Indigenous people are underrepresented in disability benefits programs and overrepresented in income assistance programs (Kimpson, 2021). While there is less data regarding barriers faced by racialized or newcomer Canadian populations, it is likely that racialized individuals and newcomers face similar barriers, including lack of access to healthcare providers/transportation, and language, communication, and cultural barriers (Kimpson, 2021). These barriers in accessing disability support benefits leave Indigenous and racialized women vulnerable and reliant on income assistance, further contributing to the poverty experienced by women with disabilities.

The lower socioeconomic status and systemic discrimination Indigenous and racialized women experience has had a significant and devastating impact on their health and well-being. Indigenous women have significantly shorter life expectancies than non-Indigenous women and are far more likely to experience chronic illness, infectious disease, and disability (Adelson, 2005; Halseth, 2013). The life expectancy of Indigenous women is seven years less than non-Indigenous women and the rate of disability among Indigenous women is 1.5 times higher than non-Indigenous women (Disability Advisory

Committee, 2020; Halseth, 2013; Townson, 2005). Indigenous women are also significantly more likely to report a disability than Indigenous men (Kimpson, 2021).

There is less health data collected on racialized identities in Canada, especially when they intersect with other identities such as disability or gender, but in a report on health inequities of Black Canadians, the Public Health Agency of Canada (2020) found that Black women were more likely to report poor health than white Canadians, and Black Canadians were at a higher risk of developing chronic conditions such as diabetes (Dunne, 2020; Public Health Agency of Canada, 2020). Similarly, Williams and Wyatt (2015) reviewed racial biases in healthcare and found that Black and racialized people had earlier onset of multiple illnesses, greater severity and more rapid progression of diseases, higher levels of comorbidity and impairment, and increased mortality rates (Williams & Wyatt, 2015).

The lives of people with disabilities are shaped by their multiple overlapping identities, including their gender, race, immigrant status, income, and family status. Indigenous and racialized women with disabilities are challenged by multiple forms of discrimination that intersect in unique ways, confronting not only sexism and ableism, but also gendered racism and the long-standing and continuous effects of colonialization. While there is limited health or income data related to the intersection of gender, race, and disability, it is important to consider how these different identities might intersect and the unique ways in which multiple oppressions are experienced in the lives of women with disabilities. Given how vulnerable Indigenous and racialized women and women with disabilities are to income and health disparities, it is likely that Indigenous and racialized women with disabilities have experienced significant impacts to their income, health, and well-being.

Family Status

Among the many contributing factors that lead to the significant levels of poverty among women with disabilities, family status also plays a role. While women in general are significantly more likely to be single parents than men, this is especially true for women with disabilities (Burlock, 2017). Eight out of ten single parents with disabilities are women (Kimpson, 2021). This is significant because of the likelihood of a single parent to be living below the poverty line. According to the 2019 Canadian Income Survey, single parents were much more likely to live below the MBM, with 23% of single parents living below the MBM (Burlock, 2017; Statistics Canada, 2019).

Poverty, Disability, and Health

Poverty, gender, and disability intersect to create significant health disparities for women with disabilities. Living in poverty forces women with disabilities to make difficult choices regarding their health and well-being (Matin et al., 2021; Whittle et al., 2020). Whittle et al. (2020) conducted a qualitative study on the experiences of women with chronic illnesses and disabilities living on income assistance and precarious employment. Their participants described how paying rent and utilities often meant cutting out necessities such as nutritious food or medications. Additional costs such as transportation or childcare made healthcare necessities such as medical appointments challenging or even impossible to attend (Whittle et al., 2020).

Poverty also affects the environment in which women with disabilities live. Living on a limited income makes it more difficult to afford accessible housing, and increases the likelihood of living in a low-income neighborhood, where there is often less availability of nutritious food, fewer recreational facilities, and a lack of social support (Ho et al., 2007; Schmitz et al., 2009; Whittle et al., 2020). Living in inaccessible housing makes it more difficult for adults with disabilities to maintain their health, attend medical appointments, or avoid injury without the assistance of others (Ho et al., 2007). For instance, those with a mobility disability experience more injury trying to navigate stairs, while inaccessible bathrooms make hygiene and self-care more difficult (Ho et al., 2007). Health issues are further exacerbated by living in a low-income neighborhood, where there is often less access to resources and services (Schmitz et al., 2009).

Poverty and disability are interrelated, with disability being both an outcome and a driver of poverty. Being financially insecure limits access to appropriate housing and other essential resources. These conditions create considerable challenges for individuals to manage and care for their health, leading to a higher risk of either developing or exacerbating current disabilities and experiencing more severe symptoms and acute illness (Ho et al., 2007; Schmitz et al., 2009; Whittle et al., 2020). Additionally, for those unable to work and relying on income assistance, the stigma of poverty and being on welfare can create additional stress and health problems (Whittle et al., 2020).

Disability also puts individuals at higher risk of experiencing poverty. This is due in large part to the additional costs associated with disability, the inadequacy of income assistance programs, and the difficulty in securing employment with appropriate accommodations. The income inequality that people with disabilities face impedes their ability to fully participate in society and have equal access to opportunities (Kimpson, 2021). This serves to further marginalize them and puts them at higher risk of poor health and illness. With evidence of the harm that poverty causes, there is a clear need to address the health disparities women with disabilities experience through interventions that reduce poverty. Reducing poverty would provide women with disabilities living in poverty greater autonomy and the ability to afford health promoting resources that would allow them to better address their health needs.

Guaranteed Livable Income

Having access to a livable income, with the option for an enhanced disability amount, could allow women with disabilities to adequately address the additional costs of disability and engage in everyday life, participate in their community, and reduce the health disparities they face. Current programs are disabling and increase the risk of poverty for people with disabilities, especially women (Chouinard & Crooks, 2005). Under current income assistance programs, poverty and inequality gaps are growing, leaving women with disabilities struggling to survive (Mays, 2016). In view of the poverty experienced by women with disabilities, there is an increased need for programs that will support financial security to prevent extreme poverty, inequality, and adverse health outcomes.

As one possible strategy to address poverty, GLI has the potential to counter the disabling aspects of current programs. GLI's only condition is income, which means women with disabilities would no longer have to navigate strict eligibility requirements and complicated bureaucratic processes (Kimpson, 2021; Mays, 2016). This would potentially lead to fewer women with disabilities falling through the cracks and instead receiving the income support they need. GLI is also meant to provide a livable income

(Basic Income Nova Scotia, 2021). This could remove some of the financial barriers to accessing healthcare, which could improve health outcomes.

Kimpson (2021) suggested a framework for how to administer a guaranteed income that would improve the lives and health of women with disabilities without creating further inequities. This framework would include minimal reductions of income based on spouse's earnings or other sources of income. It would also include a disability benefit that is substantial enough to cover the additional costs associated with disability. This would ensure the independence of women with disabilities and enable women with disabilities to better manage their health. In this framework, eligibility for an additional disability benefit would be expanded to those who meet the definition provided by the Accessible Canada Act (Kimpson, 2021). A GLI that followed this framework may better address the needs of women with disabilities and reduce inequities. To support the claims made by Kimpson, there is a need for further research.

Guaranteed Livable Income and First Nations Communities

A report by Broad and Nadjiwon-Smith (2017) cautioned against any policy change, including a centrally administered federal guaranteed income, that is not developed in consultation with First Nations communities. In their report, they warned that a GLI implemented without consultation could result in a policy that removes autonomy and the ability to administer services that are culturally appropriate and responsive to local needs. They also noted the need for additional services, such as employment training, and questioned how a guaranteed income would incorporate the significantly higher costs of living in rural and remote communities (Broad & Nadjiwon-Smith, 2017). Thus, any federally implemented GLI would need to be developed in consultation with First Nations communities to avoid implementing a policy that worsens the poverty and inequity faced by Indigenous people.

Guaranteed Livable Income in Canada

According to researchers and advocates, a GLI could significantly reduce income inequality and, by extension, health inequality (Basic Income Canada Network, n.d.-b; Basic Income Nova Scotia, 2021; Collier, 2018; Forget & Owczar, 2021; Ruckert et al., 2018). Although there is no current federal GLI program in Canada, Canada's public pension system provides evidence of the considerable impact a guaranteed income can have on a population. With only 5.9% of seniors living below the poverty line, Canada has one of the lowest elder poverty rates in the world (Béland & Marier, 2022; Emery et al., 2013). According to Béland & Marier's (2022) examination of Canada's public pension system, this can be attributed to the policy mix of the quasi-universal Old Age Security (OAS) and the income-tested Guaranteed Income Supplement (GIS), which have created a relatively generous income floor for seniors.

The results of these two policies in combination are striking. Among single individuals who earn less than $20,000 a year, food insecurity falls by half between the ages of 60-64 and 65-69 years, or once individuals reach the age of eligibility at 65 years (Emery et al., 2013). In Emery et al.'s (2013) study on the impacts of Canada's public pension (2013), they attributed this decrease in food insecurity to the shift in income sources, from relying on employment and income assistance to a federal public pension. Self-reported health, mental health, and functional health also improved markedly among seniors after the age of 65, especially among those who had been food insecure before becoming eligible (Emery et al., 2013; McIntyre et al., 2016).

The evidence generated by the success of GIS and OAS among seniors is bolstered by the data collected on previous Canadian GLI pilot projects that found that receiving a GLI had a significant impact on recipients' health through a reduction in poverty (Ferdosi et al., 2020; Forget, 2011; Gibson et al., 2020; Haushofer & Shapiro, 2016; McDowell et al., 2020; Ruckert et al., 2018). Within Canada, there have been two GLI experiments; the first occurred in Manitoba (MINCOME) in the 1970's, and the second in Ontario in 2017, called the Ontario Basic Income Pilot (OBIP) (Ferdosi et al., 2020; Forget, 2011). Using data from the Manitoba Population Health Research Data, Forget (2011) examined the impacts of MINCOME from 1974-1979. She found that participants' hospitalization rates for physical and mental health crises fell by about 8.5% during the period a GLI was distributed in Dauphin, Manitoba. Forget also noted a decrease in visits to physicians during this time. A later study by Calnitsky and Gonalons-Pons (2021) examined changes in crime during the same Manitoba pilot. They used town-level crime statistics and socio-demographic census data to show a decrease in property crime and violent crime (specifically assaults) in Dauphin during the years that residents received a guaranteed income. Based on violent crime trends of that time, they concluded that intimate partner violence was the most plausible candidate as the main kind of violence in decline.

After the conclusion of OBIP, two separate reports released by Ferdosi et al. examined the quantitative and qualitative impacts of a guaranteed income in Ontario. The first report by Ferdosi et al. (2020) utilized findings from an online survey and qualitative interviews to examine the impact of OBIP. In their 2020 report, which focused on quantitative findings, two-thirds of the recipients reported improvements in general physical and mental health. They also reported fewer emergency room visits, increased physical activity, a greater ability to afford medications, and improvements in housing and food security. Participants indicated that having greater income security made it easier to care for their health, leading to fewer health crises and thus fewer visits to physicians and emergency rooms. Study participants also explained that being more financially secure led to feeling less anxiety, depression, and stress, feeling more confident, and having better self-esteem (Ferdosi et al., 2020).

In the second report, Ferdosi et al. (2023) focused on the analysis of qualitative interviews. Many of their participants had previously relied on the Ontario Disability Support Program (ODSP) or Ontario Works (OW), which is Ontario's income assistance program. In this report, participants described feeling an increased sense of dignity, pride, and confidence, and reported experiencing lower levels of surveillance and increased privacy, freedom, and autonomy compared to OW or ODSP. They also discussed the stigma they experienced living in poverty and relying on income assistance, but did not believe that being on basic income was any less stigmatized. The qualitative interviews also reinforced the findings of the original report, with participants describing improvements in health, well-being and overall happiness.

These studies provided evidence that distributing a GLI can act as a health promotion strategy to improve the health and well-being of recipients. The use of population level data does limit Forget's (2011) and Calnitsky and Gonalons-Pons (2021) analyses to community level effects, which prevents them from making any conclusions regarding impacts on marginalized populations. Ferdosi et al's (2020; 2023) reports provided greater insight into the impacts of GLI on individuals' daily lives. Additionally, several of their participants spoke to the positive impact that a GLI had on them as people with disabilities. While they noted that 40% of OBIP recipients had previously been recipients of OW or ODSP, they did not provide any statistics regarding how many of their participants had disabilities (Ferdosi et al., 2020). Their study data is also limited to the impacts of a GLI within Ontarian communities, which face different challenges than those experienced by communities in Nova Scotia. In addition, their report did not focus on gender-specific issues or impacts. Thus, there are still gaps in knowledge regarding the experiences of women with disabilities receiving GLI, especially within a Nova Scotian context.

Contribution

As support for GLI grows, and new legislation for targeted GLI programs is introduced both provincially and federally, it is important that programs are developed that address the needs of vulnerable populations. One group that is especially vulnerable to poverty are women with disabilities in Nova Scotia. Women with disabilities in Canada experience significantly higher rates of poverty than the rest of the population. Research shows that the poverty they experience is a result of a complex set of challenges they face. These challenges include higher costs associated with disability, lower employment rates, and below poverty-level income from income assistance/disability benefits. The poverty they experience creates significant health disparities as it affects their ability to afford nutritious food, medication, appropriate housing, and transportation to medical appointments. These income and health disparities worsen for those who are Indigenous, racialized, or newcomer Canadians, as they face additional forms of barriers and discrimination.

Women with disabilities in Nova Scotia face a unique set of challenges as the province's poverty, food insecurity, housing insecurity, and disability rates continue to rise. The province also provides a level of income assistance that places recipients well below the poverty line. Given that women with disabilities are much more likely to rely on income assistance than men with disabilities or women without disabilities, this leaves women with disabilities in Nova Scotia at significant risk of living in deep poverty.

Despite the vulnerability of women with disabilities in Nova Scotia, their experiences have been largely ignored in the literature. Much of the Canadian literature on disability and income assistance focuses on the experiences of those living in British Columbia or Ontario. This indicates a gap in knowledge regarding the unique experiences of women with disabilities on income assistance in Nova Scotia. Likewise, the literature on GLI in Canada focuses on the pilots that occurred in Ontario and Manitoba. While a GLI has been shown to positively impact recipients in Canada, there are questions that remain as to what the impacts would be within Nova Scotian communities. Additionally, while the research from the Ontarian pilot did include the voices of people with disabilities, they did not explore the topic from an intersectional lens or explore how gender and disability might intersect to impact recipient's experiences.

This research intends to address some of these gaps in knowledge through interviewing women with disabilities and GLI advocates in Nova Scotia. Through exploring the lived experiences of Nova Scotian women with disabilities on income assistance, this thesis aims to add to the literature around income assistance and disability by adding a Nova Scotian perspective and showcasing the unique challenges that exist within this province. This thesis also seeks to provide a unique perspective on the potential impacts of a GLI on the health and well-being of a vulnerable population. Through centering the voices of women with disabilities, this thesis will be able to examine the impacts of a GLI at the intersection of gender and disability. By combining their lived experiences with the perspectives of GLI advocates from Nova Scotia, this thesis will also be able to explore the ramifications of this policy within the context of a struggling province.

Nova Scotia is struggling to address rising poverty rates, as well as food and housing insecurity. While a GLI could be a potential solution, it’s important to understand the needs of women with disabilities before implementation to avoid further marginalizing an already vulnerable group of people. This research will explore if a GLI, as an alternative strategy, could counter the oppressive effects of poverty and improve the well-being of low-income women with disabilities in Nova Scotia. Through an analysis grounded in the lived experiences of women with disabilities, this thesis will provide insight into the challenges they face, the supports they need, and the strengths and limitations of a GLI in meeting their needs. The next chapter will discuss the methods and procedures that this thesis uses to explore the topic of GLI’s possible impact on women with disabilities.

Chapter 3: Research Design and Methods

Study Design & Methods

Philosophical Framework

I undertook this research using constructivist grounded theory with social justice inquiry as its philosophical framework. Traditionally, theories of social justice explore the distribution of rights, opportunities, and resources in society, and critically examine the social structures and processes that shape individual and collective life (Charmaz et al., 2017; Holscher & Bozalek, 2012). Social justice inquiry addresses issues of power and inequality at both the individual and population levels of analysis, including issues of barriers and access, poverty and privilege, individual rights and social good, and the repercussions of injustice (Charmaz et al., 2017).

Critical to understanding social justice inquiry are the concepts of domination and oppression (Holscher & Bozalek, 2012). Holscher and Bozalek (2012) explore social justice as a guiding principle for working with vulnerable groups. They state that within society, there are groups who are privileged and groups who are oppressed. According to Holscher and Bozalek, counteracting this oppression requires explicitly acknowledging and addressing these differences between groups. They believe that for human beings to thrive, they must be able to participate equitably and as fully recognized members of society. Thus, they argue that full and equal participation is a principal goal of social justice. According to Holscher and Bozalek, this equal participation requires a just distribution of rights, opportunities, and resources, and the provision of membership and political voice through processes of inclusion, such as citizenship. They also believe that full and equitable participation also requires recognizing that all members have equal moral worth. Those who are not part of more privileged groups can sometimes be conceived of as other and attributed with negative traits by those more privileged groups, leading to those othered groups being seen as outside the scope of moral concern (Holscher & Bozalek, 2012). Social justice requires us to identify, resist, and counteract the processes and structures that disadvantage those labelled as other (Holscher & Bozalek, 2012).

Social justice can also be applied to the realm of health. According to Reid (2007), health is as fundamental right of citizenship. She states that health as a social justice issue requires that society create the opportunities for attaining full health potential and reduce inequities that lead to unjust differentials in health. She also notes that a lack of power at an individual or societal level is a significant risk factor for poor health and that empowering the disadvantaged is a major tool for health promotion.

This framework was critical to understanding and contextualizing the experiences of women with disabilities as a marginalized population. Throughout the data analysis process, I applied a social justice lens in analyzing and developing a narrative around the data. Through this lens, the challenges faced by women with disabilities can be viewed as systemic discrimination towards an oppressed group. Through a social justice lens, a GLI can be understood as a health promotion tool to address some of the systemic barriers that oppress marginalized individuals and prevent their full and equitable participation in society, thereby reducing some of the inequities that lead to unjust health disparities.

Research Design

This research was conducted using a constructivist grounded theory approach to data analysis. Constructivist grounded theory is a useful tool for exploring issues of social justice. Grounded theory was originally developed in sociology by Anselm Strauss and Barney Glaser (Charmaz & Thornberg, 2021). It seeks to understand or explore actions, social processes, or interactions where no adequate prior theory exists (Creswell & Poth, 2018). Using a cyclical, iterative process of concurrent data collection, sampling, comparison, and analysis, a theory "grounded in the data" forms of how the phenomena occurred and in what context (Bainbridge et al., 2013; Charmaz, 2014).

Constructivist grounded theory was developed by Kathy Charmaz (Charmaz, 2014). Charmaz advocated for an approach that emphasized multiple realities and complexities of worlds (Charmaz, 2014). With its roots in pragmatism, constructivist grounded theory shares values of collective rights, equity, and equality with social justice research (Schreiber & Tomm-Bonde, 2015). Pragmatism values democratic principles, questions the effects of wealth inequality, and seeks reform of structural inequality (Charmaz et al., 2017). Constructivist grounded theory builds on these pragmatist roots by focusing on practical problems, valuing participant voices, exploring complex social processes, and addressing issues of social justice (Bainbridge et al., 2013; Charmaz, 2020). Pragmatist ethical principles are also concerned with the consequences of actions and processes (Charmaz et al., 2017). By acknowledging the ethical implications of how we conduct research design, data collection, and analysis, we can maintain these ethical principles (Charmaz et al., 2017).

A constructivist grounded theory acknowledges the role of the researcher's view in developing theory, and assumes social reality is multiple, processual, and constructed (Charmaz, 2014). It is a method that fosters reflexivity and signals the subjectivity of the theory being developed (Charmaz, 2014). Unlike a traditional grounded theory which takes a positivist, objective approach, constructivist grounded theory acknowledges the social context in which the researchers and participants reside and interact (Charmaz, 2014). Constructivist grounded theory acknowledges that the resulting theory is a subjective interpretation located within the particularities of time, space, society, and situation (Bainbridge et al., 2013; Charmaz, 2020; Lauridsen & Higginbottom, 2014). Constructivist grounded theory honours the co-creation of knowledge between researcher and researched and acknowledges that the final theory is one that reflects the experiences and interactions of the researcher and researched (Bainbridge et al., 2013; Lauridsen & Higginbottom, 2014). By honouring the co-creation of knowledge, and the role of the participant, researcher bias and power imbalances can be reduced (Bainbridge et al., 2013; Schreiber & Tomm-Bonde, 2015). As Creswell and Poth explain, an important part of this process is memo-writing, or the process of writing an account of the thoughts and ideas generated during the process of data collection and analysis. These memos also form an account of how the researcher analyzes data, helps sketch out the flow of the process being seen by the researcher, and will later become part of the theory development (Creswell & Poth, 2018).

Following Creswell and Poth (2018)'s guide to qualitative inquiry, during data collection in grounded theory, the researcher is comparing data, coding and developing categories, and will stop gathering data once saturation has occurred (when no new ideas are emerging). They state that during this process, participants are theoretically chosen for interviews to help form emerging theory (theoretical sampling).

Since it emphasizes studying processes, and fosters making connections between events and situations, meanings and actions, and individual and social structures that would otherwise be hidden, constructivist grounded theory can deepen social justice research (Charmaz 2020). While social justice research is often concerned with issues at the macro level, constructivist grounded theory more typically focuses the analysis on individual meaning and action (Charmaz et al., 2017). By concentrating on individual experiences, constructivist grounded theory can produce analyses that show the connection between individual experiences and oppressive structures and social inequities (Charmaz et al., 2017). Due to its flexibility, the process of constructivist grounded theory can also illuminate hidden discriminatory practices and inequities (Charmaz et al., 2017). The iterative cycle can also direct the research towards what is important to the participants, which is especially important when working with groups that have traditionally been disempowered in research (Bainbridge et al., 2013).

By applying a social justice lens while using constructivist grounded theory, the individual experiences of the participating women with disabilities were used to highlight the social inequity and oppression they face as a group. As part of my interpretation of their experiences, I found that their shared difficulties appeared to be not just individual concerns but rather part of an ongoing pattern of discrimination against those with disabilities and those living in poverty. I also found a connection between the stigma and systemic barriers that these women described and the ideological beliefs within our society regarding poverty and work.

This was an appropriate strategy to use for this study as the topic of this thesis focuses on the poverty experienced by a marginalized population and the potential impacts of GLI, a policy intended to address wealth and structural inequality. In addition, despite the province's rising rates of poverty, and despite women with disabilities being a high-risk group for experiencing poverty, there has been little discussion regarding the experiences of women with disabilities on income assistance in Nova Scotia or the potential impact of a GLI on their lives. Although past research has shown that GLI has a positive impact on the general population and on people with disabilities within Ontario, more research was needed to understand if this program would benefit women with disabilities in Nova Scotia, given that they are a group with more complex needs than the general population (Ferdosi et al., 2020; Forget, 2011; Haushofer & Shapiro, 2016; Ruckert et al., 2018). Furthermore, the unique challenges experienced by women with disabilities do not exist in a vacuum, but rather are rooted in larger structural conditions and inequities that were better unearthed through using a method grounded in a social justice framework.

Ethical Approval

This research study was approved by the Dalhousie Research Ethics Board on Dec 1, 2022. See appendix 1 for the letter of approval from Dalhousie Research Ethics Board.

Participants

The study population involved GLI advocates from the advocacy group Basic Income Nova Scotia, and women with disabilities with experience receiving income assistance in Nova Scotia. The inclusion criteria for participants in the GLI advocates group required participants to be self-identified advocates for a GLI within Nova Scotia. All of this group's participants were recruited from the advocacy group Basic Income Nova Scotia. The inclusion criteria for participants for the women with disabilities group required participants to self-identify as a woman and self-identify as having one or more disabilities, with past or present experience of living on income assistance or disability benefits. Participants from both groups needed to reside within Nova Scotia to provide a Nova Scotian perspective.

At the time of interview, eight of the women with disabilities were currently on provincial income assistance with an added disability benefit, and the other two had experienced being on it in the past. In Nova Scotia, income assistance is $686/month, unless the recipient qualifies for the enhanced disability amount, in which case they can receive up to $950/month (Department of Community Services, 2022). Participants were provided a $15 gift certificate of their choice as an honorarium for participating. I chose this gift card amount to compensate my participants for their time, without unduly influencing or coercing them to participate in my study.

Recruitment

I recruited women with disabilities through flyers that were posted at the Dalhousie Social Work Community Clinic and through social media on the Instagram account Halifax Research Studies. I also recruited several participants through word of mouth. Although I initially planned to post the flyer around the Dalhousie University campus to recruit women with disabilities, there was enough interest garnered through the clinic and social media posts to make this last step unnecessary. I recruited participants from the advocacy group through a contact who circulated a recruitment email on my behalf to members of Basic Income Nova Scotia. Although I initially planned to recruit members from Basic Income NOW, Atlantic Canada there was enough interest from within the Basic Income Nova Scotia group that I chose not to continue recruiting.

Grounded theory typically uses an iterative recruiting process called theoretical sampling. This requires continuously recruiting and interviewing participants while analyzing the data until categorical saturation is reached, or no new themes emerge (Charmaz, 2014; Guest et al., 2006; Saunders et al., 2018). However, given the time constraints of a master's thesis, I decided that rather than interviewing until saturation, I would set a feasible limit of 5-6 participants per group. Although this was my original goal, I experienced a greater level of interest than anticipated, and ended up recruiting and interviewing twelve women with disabilities and six advocates. See Appendix 2 for the recruitment email template sent to advocacy groups, and Appendix 3 for the recruitment poster for women with disabilities that was posted on social media and at the Dalhousie Social Work Community Clinic.

Once participants had reached out to me via email or phone call, I set up a time to review the study information and eligibility criteria over the phone with them. If they were still interested in the study and were eligible to participate, I would also review the consent form with them and make them aware of any risks and benefits to participating in the study. Afterwards, I would send them the consent form to review on their own and sign and send back to me before the interview. See Appendix 4 for the consent form for women with disabilities and Appendix 5 for the advocates group.

Data Collection

Between January and March of 2023 I conducted semi-structured individual interviews using open ended questions with the two separate groups of participants, women with disabilities and advocates from Basic Income Nova Scotia. Six advocates and twelve women with disabilities were interviewed. The setting of each interview was based on individual preference. Two interviews took place in person at the public library in a private room, ten interviews were conducted over MS Teams, and six were conducted over the phone. Each interview was recorded using an audio-recorder. Afterwards, the interviews were transcribed verbatim and cleaned to remove identifying information including names, dates, and ages.

My aims in interviewing these two separate groups were to better understand the impact of living on income assistance for a vulnerable population, explore how gender, ability, and income interact to affect health, and develop a better understanding of the potential impact of a GLI. By listening to the voices of women with disabilities who experience poverty I aimed to shed light on the unique barriers and challenges they face. Through comparing their experiences to the knowledge and opinions of advocates I sought to highlight the areas where a GLI could address the challenges specifically faced by women with disabilities.

Description of Instruments

Through interviews I explored the central research question, how could a GLI potentially impact the lives and health of women with disabilities in Nova Scotia compared to current disability benefit and income assistance programs? To address this question, I developed interview guides with sub-questions for advocates as well as for women with disabilities. See Appendix 6 for the women with disabilities interview guide and Appendix 7 for the advocates interview guides.

After conducting my first interview with my first participant, a woman with disabilities, I was informed that the first question I led with felt jarring to the participant. Taking this feedback into account, I stopped leading with question one, in which I asked directly about experiences with disability. Instead, I started by asking whether they were on disability benefits or income assistance currently, and what had led to them going on income assistance in the first place. I found that by rephrasing and leading with a less intrusive question, participants were more relaxed. Often, by asking them about the events and experiences that led up to them going on income assistance, they would end up telling me about the challenges they experienced around their disabilities. Through probes later in the interview I could further draw their stories out from them regarding their experiences. Somewhat similarly, when I was interviewing the advocates, I found that the interview flowed more naturally when I reframed the first question by asking participants about whether they were currently involved in advocacy. I also found that asking question three of the advocates did not always elicit the answers I was hoping for, as not all the advocates were aware of the movement's work throughout Canada. Instead, I began asking them about actions they themselves and Basic Income Nova Scotia have taken, then following up with probes around what progress they've noticed. This line of questioning seemed to lead to a more informative discussion. Advocates who had been involved with the movement longer were able to connect the actions taken by Basic Income Nova Scotia to those of the broader movement throughout Canada.

Memo Writing

Throughout the process of collecting data, I engaged in memo-writing by taking notes in my journal and in my phone's notes app of observations and recurring themes that I noticed during my interviews for later reference. For example, one of my notes from early in the interview process observes that multiple participants discussed feelings of exclusion or isolation, as well as being discriminated against for being poor or having a disability. In another note, I observe similarities between women with disabilities discussing the abuse they experienced and advocates explaining the link between poverty and higher risk of abuse in relationships. I also made observations around non-verbal cues from my participants. For instance, during the interviews, it stood out to me how anxious some of my participants seemed when talking to me, beyond the nervousness of telling a stranger their life story. In my analysis, I emphasized the anxiety and fear I noticed as it felt like an important piece of their experiences, even if it was not always fully verbalized by participants. These early observations helped inform my focused coding and the development of themes as I analyzed the data.

Memo-writing also allowed me to acknowledge the contribution of my participants and the ways in which their viewpoints impacted my own interpretations, thereby honoring the co-creation of knowledge between researcher and participant. Several of the quotes from participants that I noted in my memos became the foundation of themes later in my analysis process. For instance, one woman discussed feeling as if she was being punished for having a disability, and another emphasized repeatedly that income assistance is a broken system. By taking note of my participants' views and noticing where they placed emphasis, I could honour their perspectives and include them as co-creators of knowledge.

Reflexivity

Constructivist grounded theory places a strong emphasis on reflexivity, encouraging researchers to acknowledge their own role in the research, and prompts them to reflect on the ways in which their own perspective, privilege, and biases impact their data and analyses (Charmaz, 2020). It also prompts researchers to delve into their own experiences, to scrutinize their own research decisions, and to question moral commitments (Charmaz, 2020). According to Charmaz, by locating research participants within the societal, temporal, and situational conditions in which they live, and acknowledging their own positionality, researchers can make connections between structural conditions and their impact on the researcher and research process. This process cultivates the emergence of critical questions and can challenge previously held assumptions, leading to new insights (Charmaz, 2020).

To foster reflexivity during data collection and analysis, my memo-writing included notes on my assumptions, observations, and any emotions that came up throughout the process. During the research process, I at times found my initial ideas and assumptions challenged, which I noted as well. Throughout the process of collecting and analyzing data, these self-reflections allowed me to consider how my positionality might be affecting my interpretation and analysis of the data. It also allowed me to reflect on my own shifting positionality.

When I began the journey of writing this thesis, I chose the topic based on my own interest in social justice and equality, and to fulfill part of the requirements for a Master of Arts. I already supported the idea of a basic income and I am also a white settler. Although I am a woman, I originally positioned myself as outside of the experiences of my participants as I had never lived on income assistance and I did not believe I had a disability. However, like several of my participants, I have ADHD and live with mental illness. These separate pieces of my identity, and my beliefs and experiences, all played a role in my interpretation and analysis of the data.

During the interviews, I found myself relating to my participants in ways I had not anticipated, having experienced my own challenges with mental health over the years. In my notes, I also found myself reflecting on how painful it was to hear the stories of trauma and abuse my participants shared with me, as well as how deeply frustrated I felt about the injustices they described. Trauma became an important theme in the later part of my analysis, no doubt in part because of how strongly it stood out to me during the interview process. I would have found it impossible to ignore or diminish those experiences. Likewise, my interpretations of the discrimination and oppression they face are impacted by the strong sense of injustice I felt when hearing their stories. Although there is no theme specific to injustice in my analysis, it exists as an undercurrent throughout much of the data analysis. In addition, my own interest in social justice and pre-existing support for a basic income have likely shaped my interpretations and the resulting final conclusions regarding the importance of a GLI. My bias on this topic also left me caught off guard when multiple women with disabilities had surprisingly (to me) ambivalent responses to the idea of a GLI, which I have done my best to capture within my analysis. Lastly, I also found myself challenged by some of my participants, who did not always hold views I agreed with and that I found difficult to hear. Due to my own beliefs, I have left out opinions that struck me as prejudicial and I have not included any quotes that I believed were discriminatory towards others. Although I encountered similar opinions among at least three of my participants that I felt were discriminatory, I do not think that leaving them out has significantly impacted the overall analysis or final conclusions of my study.

As a researcher, it is important for me to remember that my own position may impact my interpretations and analyses. By reflecting on my own assumptions and viewpoints as a researcher, I am reminded that the theory I developed reflects my own social reality and the social realities of my participants. My own experiences and beliefs around social justice at times made me more attuned to specific themes around oppression, discrimination and trauma. In addition, my own beliefs around what is prejudicial meant that certain topics were left out of the analysis altogether.

Data Analysis

Although I interviewed six advocates and twelve women with disabilities, I only used ten of the twelve interviews from the women with disabilities group. One participant decided after her interview to pull her data over security concerns. She stated that she was afraid of losing her benefits should it somehow get out that she had given an interview. The other interview I elected not to use as I realized there had been a misunderstanding during the screening call and the participant did not fit the eligibility criteria of having experience with income assistance.

Grounded theory is not a linear process, and it often involves going back and forth between data collection and analysis, with researchers engaging in new interviews and returning to evolving theory to fill in the gaps (Creswell & Poth, 2018). The analysis starts early by making comparisons between previous and current interviews and the stories participants tell (Charmaz, 2014). Grounded theory raises questions that emanate from thinking about data and shape data we wish to obtain (Charmaz, 2014). Given the time constraints I had and the relatively short time I took to conduct eighteen interviews, I did not begin coding until I had finished collecting, transcribing, and cleaning the data.

However, during the data collection process, I engaged in memo-writing to reflect on the data, compare interviews, and take note of emerging themes that I used later in my data analysis. For example, while transcribing I noted how multiple women with disabilities described being unable to find or access the information they needed.

Constructivist grounded theory, as developed by Charmaz (2014), advocates for an approach that is more flexible in structure than traditional grounded theory (Creswell & Poth, 2018). Following the method discussed by Charmaz (2014), once I had finished collecting, transcribing, and cleaning data, I began an initial line by line coding of the data. This involved analyzing the data to make meaning of it, and denoting concepts to stand for data (Creswell & Poth, 2018). The initial codes were active and grounded in the data (Charmaz, 2014). Examples of codes developed during this time included, “being ignored”, “being in pain”, “deteriorating health”, “receiving inadequate income”, “feeling stuck”, and “experiencing discrimination”.

Throughout this process, I continued to use memo-writing to keep track of observations and the data analysis process, which I later used in developing the theory (Rieger, 2019). As I went through the initial round of line-by-line coding, I observed recurring themes and ideas that came up, as well as my own beliefs around the data. For instance, in my memo-writing, I noticed similarities in themes between the two groups of participants. I also took note of how the opinions of the advocates contextualized the experiences of the women with disabilities.

According to Charmaz (2014), focused coding is the second phase of coding. Once I completed initial coding, I began grouping codes together and developing categories that were more conceptual and that allowed me to synthesize and explain larger sections of data. The most significant of these categories became my main themes. Some of my themes came from significant codes that I had encountered during the initial coding stage or quotes that had stood out to me. Others developed after I had finished my initial coding and began to review the memos I had written and my codebook. I wrote out my initial observations about conceptual codes or themes that stood out to me. Once I had determined my conceptual themes I compared them back to my codebook to assess if my themes properly captured what I had found in the data. The most significant and frequent codes that were captured beneath each theme became subcategories. As I compared my codes with the other codes and with the data, I refined my codes and themes. Once I was satisfied with my themes, I used the subcategories I had placed underneath each theme to begin building a narrative to explain the themes. The final phase in grounded theory is to explain the core phenomenon. This involves a discussion of the theory interrelating the substantive codes (Creswell & Poth, 2018).

The theory that emerged from my analysis of the data is that the implementation of a GLI would provide some relief from the hardships women with disabilities experience and reduce health disparities by providing them with the resources to better care for their health and well-being, while eliminating some of the more dehumanizing aspects of the current income assistance system. However, a GLI does not directly address the deep-rooted prejudices and negative attitudes that these participants experience due to their disabilities and poverty, nor does it address some of their other practical concerns regarding housing, healthcare and employment. To fully address the needs of women with disabilities would require both a shift in societal values and an intentional redirection of resources. While a GLI is not an all-encompassing solution, it does represent a step forwards towards a more just and equitable society.

This theory and the conclusions made in this thesis reflect my participants' experiences, perspectives, and personal feelings regarding their experiences. My analysis is grounded in the narratives provided by my participants and reflects their social reality. While this thesis provides a window into the lives of women with disabilities, it cannot be considered as definitive or wholly encompassing of the experiences of all women with disabilities living on income assistance. In addition, my analysis of the data is shaped by my own interpretations, bias, and unique perspective. Thus, the final results are a combination of my participants' unique experiences and my interpretation of their stories.

Trustworthiness and Ethical Considerations

Trustworthiness

To establish the trustworthiness of the study, I applied the criteria of credibility, transferability, dependability, and confirmability to my research (Korstjens & Moser, 2018). To establish credibility, or the truth-value of my research I:

1) Triangulated different data sources. Through using two different sources of data, which included interviews with advocates from Basic Income Nova Scotia and women with lived experience of disability, I was able to gather corroborated evidence to shed light on different themes (Creswell & Poth, 2018). Much of the data from the advocates strengthened the themes from the women with disabilities, as they were often able to provide information that contextualized and validated the concerns and challenges faced by the women with disabilities.

2) Presented negative or discrepant information. As part of the constructivist grounded theory approach I used, I acknowledged the multiple realities that exist, and the potential for contrary experiences that do not fit the pattern of a code or a theme (Creswell & Poth, 2018). In presenting the evidence for the themes that arose in my final thesis, I included contradictory or discrepant participant data that arose during the collection and analysis process. This was to maintain transparency and to acknowledge the nuanced experiences of all participants. For example, although many of my participants criticized income assistance, I did include quotes from participants who described the positive impact being on income assistance had on their lives, as in one case it allowed her to get an education.
3) Engaged in reflexivity. As part of a constructivist grounded theory approach, reflexivity and acknowledging my own subjectivity was an important aspect of this research. It was important that I acknowledge my own assumptions so that the reader can understand the position from which I undertook the research (Creswell & Creswell, 2018). I also maintained a journal and engaged in memo-writing throughout the data collection and analysis process. This allowed me to document and reflect on my own assumptions, values, and processes, and how they impacted my interpretation and analysis of the data.

To establish the transferability, or applicability, of my study, I engaged in the following strategy (Korstjens & Moser, 2018):

1) Generated a rich, thick description. Describing in detail the participants, the setting, and my own research process, allows the reader to decide for themselves

if the findings are transferrable to other settings because of shared characteristics (Creswell & Creswell, 2018; Korstjens & Moser, 2018). Description is thick when providing details while writing about a theme, while rich descriptions means providing abundant, interconnected details (Creswell & Poth, 2018). Detail can arise from providing physical descriptions, interconnecting details, describing from general ideas to narrow, and using quotes (Creswell & Creswell, 2018). I developed thick, rich description by describing my themes in detail, using direct quotes from participants, ad connecting shared themes between participants as well as between participant groups. I have also described in detail my own research process, including my worldview, analytical approach, use of reflexivity and memo-writing, and recruitment and interview methods.

Confirmability means that findings are grounded in the data and the participants' responses, while dependability is the extent to which the research process could be followed by other researchers and they would reach similar findings (Korstjens & Moser, 2018). To establish dependability and confirmability, I used the following strategy:

1) Establish an audit trail. I maintained a complete set of notes on my decisions, research process, reflections, recruitment, analysis and findings so that my research path is transparent to anyone who reads it (Korstjens & Moser, 2018).

Ethical Considerations

According to Creswell and Creswell (2018), ethical considerations fall under three principles: respect for persons, concern for welfare, and justice. Respecting persons requires respecting their autonomy and ability to choose. Prior to beginning data collection, the consent process was clearly communicated using accessible material and language to ensure participants were fully informed of the process. I clearly communicated any risks or benefits to participants that they might experience. See appendix 2 and 3 for consent forms for women with disabilities and advocates.

Concern for welfare requires adequate protection of participants which requires maintaining privacy throughout the study as much as possible. This study maintained the privacy of participants by using pseudonyms and de-identifying the data. I was not able to anonymize the data since I interviewed them. Additionally, since the advocacy and disability communities are both small, there is a chance that some participants may be recognizable through their statements. Participating in the study had the potential to cause psychological discomfort to the participants who are reflecting on their experiences of disability. During interviews, some participants did get distressed speaking about their experience, and one participant began crying. To minimize harm, when I noticed that a participant appeared to show any signs of distress, I offered to take a break, or end the interview and continue later if they wished. No participant needed to end their interview early, however, one participant did take a pause to sit quietly and calm themselves before continuing. I waited until they were ready to continue asking questions, and continued to check in with them throughout the interview. They were also free to withdraw at any time. I had a number on hand for the mobile crisis unit in Halifax, and I was ready to contact a support person on their behalf if any participant needed support. One participant requested to have her data withdrawn after the interview. I have deleted all records of her interview and transcript.

Justice refers to the need to treat people fairly and equitably. According to Kroll et al. (2007), people with disabilities are often systematically excluded from research. They also note that people with disabilities are often treated as research objects rather than active participants. Through conducting in-depth interviews of a group that has been historically excluded, this study provided an opportunity for marginalized individuals to express their own views, experiences, and opinions, rather than having a researcher impose their own perspective over the participant's experiences (Kroll et al., 2007). It was also important in this process to communicate in straightforward and appropriate language that did not discriminate against gender, sexual orientation, racial or ethnic group, disability, or age (Creswell & Creswell, 2018). As part of this, it was important that I use language that was sensitive to labels, and that I did not use labels that participants did not embrace (Creswell & Creswell, 2018). As part of the justice principle, there should also be reciprocity to participating in this study. As such, I provided an honorarium. I also plan to share the final results with interested participants in a plain language summary.

Conclusion

Using constructivist grounded theory underpinned by a social justice framework I explored the potential impact of a GLI on a group that experiences significant levels of marginalization and oppression. GLI is one possible solution to reduce poverty, and its associated health disparities, but there is limited evidence regarding GLI's impact on women with disabilities, especially within a Nova Scotian context. This thesis sought to understand the unique experiences of women with disabilities on income assistance in Nova Scotia, provide insight into whether a GLI resonates with their needs, and examine what gaps would remain. The following two chapters report on the findings of my interviews with women with disabilities and advocates.

Chapter 4: Women with Disabilities

This chapter reports on the findings of the interviews conducted with ten women with disabilities living in Halifax and the surrounding area with experience living on income assistance. In the analysis, five overarching themes emerged that were then broken into a series of subthemes. The five overarching themes were Constant Struggle, Experiencing Broken Systems, Feeling Punished, Living with Trauma, and Staying Resilient. These themes were highly inter-related and together they provided a narrative that showcased the difficulties that women with disabilities experienced while living on income assistance.

Although there were originally twelve interviews, two interviews were removed after the data collection process. One interview was removed due to not meeting eligibility criteria. Another participant asked to have her data withdrawn.

Among the remaining participants whose interviews were kept in the analysis, seven women were in their late forties or early fifties, six of whom had been recruited through the Dalhousie Social Work Community Clinic. The other woman in this age group had been recruited through word of mouth. Two women were in their thirties, one had been recruited through the Social Work Community Clinic and one through word of mouth. One woman was in her twenties and had been recruited through a post on social media. Eight out of the ten women were unemployed and on assistance at the time of interview. Two had been on assistance in the past. Only one woman was working full-time. She left income assistance and returned to work after going into remission from a physical condition. She was in her twenties, and lived with a partner. The other woman who was no longer on assistance was in her fifties and relied on support from a parent that she lived with as well as income from freelance positions. Neither woman had dependents.

Among the women who were currently on assistance, two were single parents with dependents. Only one of these women had full custody of her dependent. She also mentioned receiving a child benefit. Only one participant within this group lived with a partner, who was also on disability support. Among the entire group of participants, eight women were white, and two were women of color. Four participants had disabilities that were strictly related to mental health. The other six had physical/mobility disabilities, and out of these six, five of them also discussed having on-going mental health conditions. Although this is a small sample that is not representative of all women with disabilities within Halifax, available literature suggests that their experiences are indicative of the challenges of having a disability and living on assistance. Interviews were recorded and later transcribed verbatim. These interviews took between 1-2.5 hours.

Constant Struggle

> "I can get so incredibly frustrated with the world, with myself, with my friends, with my family… Everybody has their own issues, but sometimes my life is so hard. And sometimes its extra hard."- P1
>
> "But to be in your 50s and disabled and then trying to support yourself is really hard." - P2

Living on income assistance had a profound impact on the lives of the participants of this study. As participants described the difficulties they experienced in all facets of their lives, a theme of constant struggle emerged. Many of them described struggling to afford the necessities, and having to choose which needs would take precedence. The limited income that income assistance provided was further stretched due to the additional costs they incurred because of their disabilities. As a result, most participants described living with some level of material deprivation, including food and housing insecurity. It was evident that their deprivation led to experiences of worsening health, as participants made connections between their limited incomes and the declines they experienced in their mental and physical health.

The poverty and resulting poor health the participants experienced had several clear sources. Most of the participants described difficulties with maintaining consistent employment that they attributed to a combination of personal limitations and lack of accommodations from employers. The difficulties they experienced with employment were heightened by the rules imposed on them by income assistance. Participants described how the strict rules on earnings imposed by the Department of Community Services[2] created additional barriers to work. Facing multiple barriers to employment, experiencing on-going health challenges, and living on income assistance left the participants feeling trapped in poverty and struggling to survive.

Employment

Employment was an ongoing theme that participants brought up repeatedly throughout interviews. In many cases, employment seemed closely tied to participants sense of self-worth, as well as their mental health. Engaging or not engaging in employment also had repercussions for their health and well-being as some participants described how continuing to work worsened conditions. For most of the participants,

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[2] In Nova Scotia, the Department of Community Services is responsible for administering Income Assistance and Disability Benefit Supports

maintaining consistent employment was difficult, as they described being repeatedly fired from jobs, asked to leave, or reaching a point with their health where they were no longer able to continue in their career. While some had been able to work relatively consistently until their health declined, others lived with chronic conditions and described a long history of sporadic employment and being on and off assistance. These difficulties with employment were closely tied to the deprivation the participants faced, as being unable to work consistently led to their reliance on income assistance. Although many of them expressed an interest in continuing to work, they encountered multiple barriers to employment that made it difficult to re-enter the workplace.

For the participants, it was clear that employment was a source of pride, even when it had negative implications for their health. In some cases, participants described working even as continuing to work exacerbated their conditions, until they reached a point where they were no longer able to continue. P11, a woman in her twenties with a chronic illness, described working at the detriment of her health to avoid going on assistance.

> "Like I think I was basically running myself to the ground, so I didn't have to go on it, if that makes sense…my lung collapsed another time and I actually took job interviews from the hospital just because I was, I need to keep working, right? So, it is kind of like I do find it deceiving when I say I was only off work once because it came at a cost… If my lung transplant was not successful, I would have said my life, like I really was just rapidly deteriorating but still trying to push forward as if I wasn't". – P11

P11 was determined to continue working even when though it came at the cost of her health. She finally accepted going on assistance, but only when she became too physically ill to be capable of working. She eventually received treatment and went back to work, but other participants who worked despite their worsening health were forced to leave work permanently. P3 worked a physically demanding job in healthcare until her fifties when the work aggravated her physical condition to the point she was no longer able to stand for long periods of time.

> "I had osteoarthritis in both knees…So, I've been working on cement like in a (healthcare setting) at nights doing 12 hr shifts, 8 hr shifts, 15 hr shifts, and over the years my knees got worse and worse…trying to get back to work after my knees were bad, I find it hard to stand on my knees and stuff, and I couldn't go back". – P3

At the time of interview, P3 continued to face ongoing effects. She was unable to stand for more than short periods of time, was extremely limited in her mobility, and relied on her partner extensively for assistance. For P3 and P11, continuing to work as their conditions worsened came at a significant cost. For other women, working came at the cost of their mental health. P1 was a woman in her fifties who struggled with Post Traumatic Stress Disorder (PTSD), along with several other mental health diagnoses. She described how her career in a call-centre worsened her pre-existing mental health conditions. After working for most of her adult life, she was told to stop working after her cumulative disabilities worsened.

> "it was just so hard to follow all these rules and then I got a concussion, and I had post-concussion syndrome for a whole year and I just got sort of thrown out with

> some garbage…I lost my job and I didn't know that was going to happen. I didn't know the Union was going to step in and say (P1) shouldn’t be working here because with her disability, it's like she's getting injured in her head every day, all day and so I really, really struggled when I bawled my eyes out every day when I got told that I couldn't work”. – P1

From these participants’ stories, it was clear that ending their employment was a last option. Despite their conditions worsening, each of them continued to work until they felt physically incapable or were asked to leave. This determination to work came at a cost to their long-term health. P1 and P3 described continuing to struggle with their health during their interviews, and P11 reflected that the pace she worked at could have cost her life had her treatment not been successful. In addition, being unable to work seemed to have an impact on their self-esteem, as P1 described how being asked to leave by her employers left her feeling demoralized and devalued, or as if she was “thrown out with some garbage”.

Other participants in this study described bouts of sporadic employment and difficulty with keeping jobs, resulting in a history of being off and on assistance for much of their adult lives. P7 was a university-educated woman in her thirties who has been fired multiple times, which she attributed to her mental health conditions that impacted her social skills.

> “I've got good speaking skills, so getting a job, going through the process like I’m very confident, going through the interview process, all those things were easy for me… I struggled to find a job or to keep a job. I kept getting job after job and losing job after job”. – P7

P18 was a woman in her fifties with lifelong multiple chronic physical health conditions that affected her mobility. She had similar experiences to P7. She explained how she had been off and on assistance most of her adult life despite trying repeatedly over the years to work. She encountered multiple employers who placed expectations on her that exceeded her physical abilities.

> “But from that time to now all my jobs that I ever had was only like three to six months because they let me go because I couldn't keep up”. – P18

For both women, their cycles of being repeatedly let go from their jobs and going back onto assistance seemed strongly connected to their experiences with employers who were unwilling to accommodate their limitations. For other participants, their inability to work full-time limited their ability to participate in the workforce.

> “I can't go out and work a 40-hour week even if my mental health allowed me. You know what I mean?”. – P17

> “But I couldn't work full time and I wasn't even working full time prior to that.”. – P4

While some expressed interest in working part-time, finding employment that matched their capacity to work appeared to be challenging for participants. Several of the women described difficulties finding employers who were willing to accommodate their capacity to work part-time, which created further limitations in their ability to engage in employment.

> “I feel like I could work somewhere a few hours. A few hours every, maybe every second day somewhere, but finding that is practically impossible here. And you’re really limited.”- P1

While discussing employment, several of the women also brought up the challenges they faced with work due to the restrictions imposed on them by income assistance.

> "I know I have things that I want to do and want to be able to do and not be able to tap into that or to get it claw back when I do on my limited income or to even get well. I've even gotten told off. Right. So. If you're disabled, then why are you trying to work, you're either disabled and you can't work. Why are you trying?" – P2

In P2's narrative, there is a sense that there is a strict binary within the system in which people are either viewed as disabled and unable to work, or not disabled and able to work. Within these women's stories, it was evident that the system was not well designed for those who had disabilities and were still able to work, albeit in a more limited capacity. Some of these design features that created barriers are alluded to by P2 in her mention of clawbacks. The Department of Community Services enacts aggressive clawbacks[3] on recipients who are working, and there are also strict rules around how much participants can earn before they get cut off income assistance. Several of the participants brought up how these rules and clawbacks made it difficult for them to work and improve their lives. They described how trying to work while on assistance left them worse off than they were before.

P2 became homeless after losing her full-time job. During this time, she attempted to work part-time to improve her situation. There was a sense of injustice as she

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[3] Earnings clawbacks begin at 25% after the first $350 earned and increase up to 75% (Department of Community Services, 2023).

described having money clawed back from her earnings despite being homeless and unable to afford an apartment at the time.

> “No, and the fact that I make less than what universal basic income would give at $2000 a month, I made $21000. And I ended up not being able to have housing, I had to be in shelters and the shelter system. So, you see what I’m saying, is that it doesn’t make sense to tax somebody who can't even afford housing or food and is living out of (unintelligible), but the government wants their cut?”. – P2

Another participant, P18 described being cut off from income assistance for earning extra money while working part-time. She was cut-off despite the money she made not being enough to cover her living expenses.

> “And I remember one time, I had a job and I made too much money. So, I made too much money. And then when my income tax came around. And I got $700 back on my income tax. And you had to report everything that you make, everything, and back then it was taken dollar for dollar, for dollar off. So, I reported the $700, I reported my income and they cut me off for about four months. So, I had to live off of $700 for four months and I said I have to pay rent. Yeah. For four months, I had to live off of $700. and I said, I can't live off $700, so I have rent, which is like at that time was $400 and they said to me, you made too much money”. – P18

In their interviews, many of the women expressed interest in working, but encountered barriers that made it incredibly difficult for them to work to their own capacity. While many of the women experienced personal limitations, it seemed that the barriers created by employers and income assistance were often the most significant challenges to working. The challenges they faced in maintaining employment had significant implications for their lives as it left them reliant on income assistance. For many of the women, struggling to maintain employment and being reliant on income assistance also appeared to have significant consequences for their self-worth and mental health.

> “I've had depression for years as a result of feeling like, you know, it's only occurred to me that what if I do all this work, because I've been doing it since I was 8 when I first got diagnosed with (condition). If I do all this work and learn all these things. But I am never, but because of my disabilities, because my brain works differently, what if I'm never able to keep a job? What if I'm never able to support myself?” – P7

Feelings of fear and helplessness around their future ability to support themselves were common among the participants, and appeared to have a significant impact on their mental health. Like P7, other participants also described feeling depressed because of living on income assistance and being unable to work. P4 was a mother in her thirties. She described being let go repeatedly from jobs due to her physical and mental health challenges. In her narrative, she connected her worsening depression with the deprivation she faced while struggling with employment and relying on income assistance.

> “So right now, the depression is really, really big because I'm not able to move in a way through my life easily, it makes it really difficult not having money to feed my kids”. – P4

Being unable to work consistently had a negative impact on participants’ mental health. Participants described feelings of hopelessness and fear for their future.

Participants also appeared to connect their self-worth to their ability to work, and experienced being unable to work as a blow to their dignity. P8 described working in an office until her mental health declined and her employers pressured her to quit. When asked if she wanted to go back to work, she expressed her reluctance to leave her work and a strong desire to keep working.

> “Oh my goodness, wouldn’t everybody? I mean isn't there a sense of pride? Any kind of sense of pride in the world? Isn’t there anything left?... So I would love to be a working normal person in society. But I can't. And at my age, you know, it's not like I'm thirty, I’m fifty fucking six or something, you know, and this is the first time I've ever had to beg for public funding, just to exist.” – P8

P18 described having a similar response to family members who tried to discourage her from working.

> “And some of my family members said to me, [P18], you're better off being on social assistance and just staying on social assistance. But who the hell wants to be on welfare?” – P18

These comments highlighted the underlying frustration so many of the participants seemed to feel. Their desire to work clashed with their own limitations and the systemic barriers they faced. Being excluded from the workforce left them feeling demoralized and devalued. They also expressed feeling the loss of dignity in being unable to work. For many, these difficulties with employment appeared to significantly contribute to their declining mental health, even as continuing to work worsened existing conditions. Their stories highlight the connection between poor health, unemployment, disability, and poverty.

Food Insecurity, Housing Insecurity, and Material Needs Deprivation

The participants' exclusion from the workforce, along with their disabilities, seemed to play a significant role in marginalizing and othering them, leaving them further on the outskirts of society. The difficulties they experienced in maintaining employment led participants to rely on income assistance. Participants described the amount of money provided by income assistance as being inadequate to cover cost of living. In addition, living with a disability often incurred additional costs, effectively lowering their income.

> "Yeah, so there's that added piece when you're also dealing with a disability and then trying to access affordable cost of living and housing. And we do have added expenses. There are additional costs with the disability. Like I said, some of the things you know that are not going to be covered by a plan." – P2

Having extra expenses while living on an extremely low income left many of the women struggling to afford necessities, such as food, medication, and rent. They described how this limited the choices they could make and forced them to prioritize which needs they could address. Many of the women described carefully budgeting, cutting corners wherever they could, and removing even the smallest luxuries from their lives.

> "I have not had juice outside of other people's houses in like a year. I cannot buy fruit because it's too expensive. Pop is cheaper than juice. But I don't buy that anymore. I have water, which is good". – P7

> "By the time like your check comes three days before the next month, and you can cash it, like say the check came on March the 29th. By the time April gets around, the money is gone. And so for the first week, you kinda eat pretty decent.

> You got your bread. You got your milk. You got this. You got that sort of. But you have to be careful how much you get. Like how much you buy. And now today, the past, what 20, 25 years? Food Bank has really blew (gestures wide) …And if you want me to get down to the nitty gritty of it all is back in the days when women like myself had to buy a female hygiene. You couldn't. Because after you get groceries, you either got groceries or you got your hygiene products". – P18

> "So, you have to be very careful. Like I go to the food bank. I love Giant Tiger. And you know, like the stuff in life that I enjoyed while I was working, I don't have now." – P8

These women described significant levels of food insecurity. Their stories included being unable to afford quality food or needing to rely on food banks to get through the month. They also experienced other instances of material needs deprivation, such as P18 being unable to afford basic dignities such as feminine hygiene products. For those with families or a partner, they described how the deprivation they faced made it difficult to care for both themselves and their family. P4 was a parent in her thirties who described struggling to feed her children.

> "it makes it really difficult not having money to feed my kids….so sometimes when I have them, I can't afford to feed them, and I say you have to go back with your dad". – P4

P3 was a woman in her fifties living with a spouse who was also on income assistance.

> "Right now, he (partner) can't even afford his pills that he's supposed to take. So, I'm getting my money to pay for his pills, and he needs his pills. I'm supposed to take 4 types of pills and I don't even take them because I can't afford them." – P3

As P3 and P4 described, the deprivation caused by income assistance also extended to their ability to care for their families. Their stories highlighted the difficult choices that living below the poverty line forced participants to make. In P4's case, that choice included sending away her children, and in P3's case, prioritizing her partner's medication over her own, which will likely have long-term consequences for her health.

Some participants relied on other supportive services to address the gaps. P8 and P18 mentioned using food banks to address the food insecurity they faced, and others went to soup kitchens.

> "There's this place in downtown [City] that's just up the road from the library here, like a 5-minute walk and it's called [Name] and three times a week. You can go there. You don't have to show anything. You don't have to bring anything. Yeah. And they give you enough food to go for. There is usually some kind of dessert. some kind of candy and like a full dinner meal, like a meat and a vegetable or a pasta and a meat sauce. You just kind of walk up to a window, you're in a lineup and there's like 20 or 30 people in the lineup and every weekday." – P1

While these supports were helpful to participants, they did not replace having an adequate income. These services often come with limitations on how often they can be used. Most food banks place a limit of visiting once per month, and even the kitchen P1 described only allowed three meals a week. This certainly would not fully address the food insecurity most participants described. It was clear from their stories that the income provided by income assistance significantly limited their choices and ability to care for themselves and their families. Living on below-poverty level income also contributed to participants' ability to afford appropriate, accessible, and quality housing.

> "People are renting their living room and bedrooms out for 8 to $900 a month, and they're asking for the utilities on top, right? And Wi-Fi and so on. So, I don't understand the disability amount being 608".[4]- P2

P2 described the living allowance portion of income assistance as being nowhere close to the average rental rate in the HRM. Many of the women described struggling to pay rent, either due to the limited income given by income assistance, or because they were unable to access income assistance when they needed it. The fear of evictions and the rent cap being removed in Halifax loomed over several of the participants.

> "My landlords are vampires. I think they're gonna raise it by about $400 once the rent cap comes off…I'm going to be fucked…that means I can't live here". – P8

This comment by P8 echoed the concerns brought up by multiple participants, who feared future eviction if rents continued to rise while their living allowance stayed the same. Other participants had faced risk of eviction in the past. P4, a woman in her thirties, tried to get back on assistance after experiencing a physical injury from a sexual assault and waiting on surgery. While waiting on assistance and unable to work, she described struggling to meet rent and faced risk of eviction.

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[4] Participant states disability amount as $608. This is the amount for those considered to be boarders. Disability support for those considered renters is $950 (Nova Scotia Community Services, 2022).

> "not only was I being held back by my limitations physically, my mental limitations were really holding me back and as well as I was getting evicted from the place I was in because I couldn't pay the rent. I also have three sons… I was trying to fight the eviction, yeah. Because for six months, unemployment was just not being very helpful, they were not supporting me in the ways that they should, in this province. So, I was not able to pay my rent. And so, I was making sure the other bills were paid. So that I was able to keep on my two feet". – P4

Along with struggling to find affordable housing and fearing risk of eviction, participants also grappled with a lack of accessible and appropriate homes. With income assistance being nowhere close to cost of living, multiple participants described being unable to afford anything better than substandard housing.

> "I'm in this rundown shack right now because I can't afford to pay $2000 for a 2-bedroom apartment for me and my child". – P5

> "I do keep looking for options because I'm living in a health hazard that's affecting my immune system and my condition. My most severe disability is an immune condition that's compromised by the conditions, the unsanitary issues here…And the mold isn't, black mold keeps coming back. And I'm very allergic to it. I'm not well enough to, in a position at this time to be able to clean up after somebody else and myself constantly". – P2

P2 described how living in poor quality housing had a negative impact on her health. Her condition was exacerbated by the black mold in her home, and since she was unable to afford better quality housing, it was likely she would continue to live in a home that was making her sicker. Other participants described living in inaccessible homes that led to injury or that created barriers in their ability to care for themselves.

> "I have a phobia of getting into my bathtub because the first day that I moved into the apartment…slid into the tub. Banged my head on the wall. But neither one of us realized that the bottom of the tub is curved. So, the chair that she got me didn't work and I collapsed on it while my leg was broken. And I was like there's just no way that I could do that, and I don't want to move to a place that one of my friends lives in right now down the street that has the, you know, the tub that you can pull the door open." - P1

> "The apartment's not really set for. The bathrooms got a high tub, so I gotta stand there and put my leg up over the top, put a towel on the bathtub, get into, and then turn myself around and sit in the chair, and there's no grabbers no nothing". – P3

As these women described, living in inaccessible housing restricted their independence and ability to care for themselves. It also created further hazards wherein they could injure themselves and end up with additional or worsened disabilities. Upgrading their homes to be more accessible was also an expense beyond the means of participants. P3 had owned her own home, but her mobility disability made her home challenging to navigate. She was unable to afford renovations and eventually gave her home to her son and moved to an accessible apartment.

> "Yea I have my own house, but I'm not even into it. I can't live there no more. I can't get up and down those stairs. I tried to get ramps put in and stuff but it cost a lot of money because I'm in a split entry. So, I gotta go up five steps to get into

> the doorway. And then after that you have another 6 or 7 stairs to go upstairs or to get downstairs”. – P3

Several women had also experienced homelessness in the past due to difficulties accessing income assistance. They described being unable to receive income assistance during vulnerable periods of their lives when they really needed the income support. Being unable to access income assistance when they were in such precarious positions resulted in several women losing their homes and becoming homeless. P2 described her long-term disability (LTD) insurance claim being denied due to her doctor submitting it late. Income assistance was refused to her while she was still in litigation for it. During this time, she lost her home and became homeless for an extended period.

> “So, I've been in litigation trying to fight to get my LTD benefits that I've paid into. And basically, ended up liquidating everything I had…In the process, I ended up homeless and in the shelter system and being bounced from hotel to hotel”. – P2

P18 became homeless after leaving her abusive marriage. She was not able to access income assistance while married and had to wait until her divorce was finalized to go on it.

> “But once I got married, I was not their responsibility, so I don't have a disability. I'm now a wife. So here I am in an abusive marriage, and I have no education, job experiences was just babysitting and so then I had to get out of that situation of the abusive marriage. So basically, I was homeless”. - P18

While there were housing programs in the HRM meant to help low-income people access housing, participants experienced significant difficulties accessing those programs.

As one participant explained, the waitlists for affordable housing were incredibly long, making it difficult to access housing when they needed it.

> “Like I said, I can no longer afford a two apartment for me and my child. I was on housing and on the housing wait list in HRM, I think I pulled mine off about two years ago. Because I said like I'm disabled. Like I don't want, like I was in a place at the time where I had 40 stairs at least to do a load of laundry.” – P5

As this participant explained, affordable and accessible housing in the HRM was limited. In addition, there appeared to be a lack of clear information regarding the housing programs available, which created additional hardship and frustration for participants.

> “I put an application through metro housing and the buy list, DSP and ESIA, all of those places. But yet, I wasn’t told about these other places, these other shelters, these other housing options, I wasn’t told that a co-op is completely separate from subsidized housing, and that you have to go search out the co-ops yourself. And then that can be very overwhelming when you're dealing not only with the homelessness, but also it's very difficult if you've got the disability and you've got chronic pain and you're not getting enough sleep, it can get very hard to do those executive functioning, focusing, keep track of things. Even having access to reliable communication technology to be able to do all those follow-ups, if you don't have a steady address. When I was being bounced by the shelters between hotel to hotel to hotel, that was hard.” – P2

Health Impacts

The hardship that participants experienced negatively impacted their health in a myriad of ways. As participants described, their difficulties with employment and the deprivation they experienced affected their self-worth and contributed to their feelings of depression and hopelessness. Participants' determination to continue working in jobs not suited for their disabilities also exacerbated existing conditions. The deprivation they experienced due to poverty further affected their physical health. Participants described being unable to afford nutritious food or medication. They also explained how their substandard housing impacted their health, leading to worsening conditions, injuries, or an inability to fully care for themselves. As one participant described, having an adequate income is necessary to wellness. Living on an inadequate income will further compromise their health, leading to additional health disparities.

> "just having that opportunity to focus, if you're disabled, and you're having to worry about housing and food security that compromises your health even worse. So, I think with the disabled community, it's not just about housing and food security, but you need it to be able to be well. You need whatever it can be so that you can have a normal of some kind around yourself". – P2

Experiencing Broken Systems

> "It's a broken system. That forces people like myself to cheat and scam the system, like receiving money under the table, for a better quality of life. Such as for food, shelter, rent, or medication, necessary needs that the Government department won't cover". – P18

Participants perceived income assistance as a broken system that often did more harm than good. As these participants navigated the hardships caused by disability and poverty, they described facing additional barriers created by the systems meant to help them. Multiple women in this study expressed that income assistance was not designed with their best interests in mind, and described struggling to navigate restrictive and confusing systems.

> “(The systems) are not designed to help us. People don’t believe me but sometimes I'm just like ‘you guys don’t understand’”. – P4

Many women expressed difficulties in getting the help they needed to improve their lives and move forward, and expressed feelings of being trapped by income assistance. P17 was no longer on assistance, but reflected on her experiences of assistance when she was younger.

> “But I think the biggest thing for me was the feeling like, OK, I'm on social assistance. Am I ever gonna get off social assistance?”. – P17

Others repeated the sentiment of feeling helpless or trapped.

> “and then you're stuck. Living. I'm living in such difficulty and there's so much fear and insecurity and anxiety all the time.” – P2

> “So, it’s keeping me where I am”. – P4

Within the participants’ stories there was an underlying sense that the government does not care for them and is not interested in helping them.

> “There is no plan to get people off the system. That's what it feels like”. – P2

As described in the *Constant Struggle* section, the income provided by income assistance left participants scrambling to cover rent, groceries, medical treatment and other necessities, often either going without or relying on their communities to get them through. Along with the below-poverty level income provided by assistance, participants described other challenges associated with the income assistance system which included difficulties related to Pharmacare, lack of accessible information and other supports, and restrictive rules. These barriers left participants feeling trapped and helpless.

Receiving Inadequate Healthcare

Many of the women experienced declines in their health due to the poverty they experienced under income assistance. Their worsening health was exacerbated by the inadequacy of the dental and healthcare coverage provided by the Department of Community Services. Through the Department of Community Services, recipients of income assistance are eligible for Pharmacare, a public drug plan meant to cover the cost of prescribed drugs, devices, and health services (Department of Community Services, 2022). Income assistance will also cover emergency dental procedures (Department of Community Services, 2023). Participants described difficulties getting medically necessary treatments approved for coverage, and either went without healthcare or received lower quality healthcare.

> “As you may have noticed I'm missing a tooth (participant is missing a front tooth). Now a partial plate, which is a partial denture is, it's less expensive, but it doesn't last. And income assistance will only cover that. And I said, OK, I understand you have money requirements, so you can't cover an implant. Can you at least put that amount of money towards the implant? If I can come up with the rest? And that would have been something cause I would have to come up with

> like $2000. No more than that, like almost $3000, but they're like no. But it's not gonna last, whereas an implant will last for the rest of my life." – P7

Instead of getting the appropriate dental care she needed, P7 felt forced to accept a temporary solution, which she expected would lead to her requiring additional dental care in the future. Another time, she broke her ankle and was told to buy an ankle brace by an orthopaedic surgeon. She was denied coverage for this medically necessary ankle brace, and being unable to afford it herself, walked on the broken ankle for weeks afterwards.

> "Guess what, I broke my ankle. They don't cast ankle breaks anymore. No, they want you to buy a boot, a $200 boot. 100% out of pocket, no reimbursement. Not covered by pharmacare. I had to go without." – P7

Other participants experienced similar barriers accessing treatment due to what is considered medically necessary care under Pharmacare regulations.

> "I had to have cataracts surgery. And so, social assistance paid for the first kit for the first eye, which was $300 for the kit. But they would not pay for the other eye so that $300 I had to find, I had to scramble". – P18

Apparently, only one eye was deemed necessary to see out of by Pharmacare. Although this participant had saved enough to be able to cover the other eye on her own, she had to be careful that income assistance did not find out so that she did not get in trouble for having savings.

> "I have a hip injury now that's what that new injuries from or what it is, it's a torn labrum. …I need surgery. So I have to get physio to get stronger…in order to get the surgery that I've been recommended for. I need to be able to find that time to

> and that money like I can't get physical therapy. They can't tell me how to help myself and I'm unable to afford it… they don't do physio therapy because there's public therapy"- P4

As P4 explained, Pharmacare won't cover physiotherapy because there's publicly available physiotherapy, however, waitlists are over three years long. By denying coverage of medically necessary physiotherapy, Pharmacare is also effectively denying her the ability to access a surgery that would treat one of her conditions, leaving her to suffer instead. From these participants' stories, it was evident that the healthcare they were receiving was substandard. What was deemed medically necessary care has led to many of them being denied access to care or limited in the medical treatment that they can receive, which has led to further health problems and worsened treatable conditions.

> "As a result, I can have a great deal of pain. And I cannot go to a massage therapy clinic". – P7

Lack of Clear Information

Lack of clear, easily accessible information seemed to be a significant barrier for multiple people, who described struggling with who to ask, what to ask for, and where to go. Many expressed feeling uncertain of what they were eligible to receive. Several participants described receiving either inaccurate or incomplete information. This was a source of frustration for multiple participants, as the lack of accessible information made navigating the system much more difficult for them, especially when they were already struggling with illness and disability.

> "Trying to figure out all the paperwork involved and there doesn't seem to be a centralized anywhere of information on how to access affordable housing or

> increments income supplement, even the workers themselves don't have a lot of answers…But I do believe they're trying. I just think that the whole system is so piece meal that they're confused too. Like, I don't mean, I don't think they're out to be, I don't think the actual workers that I've actually interacted with, I don't think they're out to try and misinform me or withhold information. It just seems it's all very chaotic." – P2

> "But yea, like more accessible information. Like having a one stop shop where you could say OK. And 211, when you call 211 it'd be nice to be able to call 211 and have them say, OK, we can help you with housing, money, job, this, like if they had categories and then I could say, OK, help me with this category, because if they had told me that I could have kept going, but I kept calling 211 and just getting confused and being like I don't know what I'm supposed to ask and they were all like well, we can't help you". – P7

As P2 and P7 described, it was difficult finding anyone with actual answers, and there seemed to be no clear source of information they could turn to. Similarly, P3 described her confusion around where to find resources, and a desire for an advocate that could provide some guidance.

> "No, that information is not around the public to see that I know of. And if I had someone to advocate for me to find out this stuff, I'd have better knowledge of more stuff. A caseworker or something like that but I don't. And with disability I don't think there is one". – P3

Among the participants, there was a clear need for a centralized hub of information, where people could find the resources they needed, or an advocate to provide guidance. Without a source of accessible information, participants were left to navigate a convoluted system without a clear idea of what help was available. This meant that the resources that were available ended up underutilized while participants were left frustrated and confused.

> “It's not hard to compile the information, create the links, create a hub or whatever. And streamline it for users”. – P2

The lack of clear information was made more challenging by the difficulties participants faced in accessing caseworkers. Several participants described being unable to get in contact with their case workers or experiencing gatekeeping from the caseworkers meant to help them. P4 struggled to get back on assistance, which she perceived as being due to her caseworker discriminating against her as a former sex worker.

> “When I was on it before, I had been selling my body in order to make enough income to support. And my worker she was discriminating against me because I had done that… She was like, why don't you just do that again then if you can’t, like why don’t you just do that again, why are you calling us now? Like, how come it took you so long to call us? Because it was by March that I hadn't received any information. So that's why it took three months to call. She was making it very difficult for me to move forward with any help… she had just been stating well you don’t need us if you're able to do this and was just really making me feel that I couldn’t apply or couldn’t get the funding from department of community services”. – P4

In addition to the discriminatory gatekeeping she experienced, she found her caseworker difficult to access.

> “So when I went to apply I said listen (case workers) never gets back to me, she’s always out of the office”. – P4

Similar to P4, P2 described struggling to get ahold of workers to get information.

> “So I'm constantly running into either where the number, you called the number and it's for ESIA. This mailbox is not in use yet or this voicemail is full. Right. Or they have absent alerts that are like a month old. Right and it's, I just don’t understand it, in terms of business basics, those are major dropped balls. To not even have your voice set up accurately, or it'll say, call this person and you’ll find out absent alert for the other people so like you get the voicemail, if this is an urgent matter call this person at this extension, so then you do that, oh absent alert, if it’s an emergency, and then it puts you back to the same person (laughs)”. – P2

Participants described difficulties due to receiving conflicting information. After being told she could receive CERB, P4 was told later that she would have to pay it back if she wanted to get back on income assistance.

> “So, she (case worker) wouldn’t let me get back on social assistance because she said that I needed to explain everything and that I owed her $20,000 due to receiving CERB that I was told I was supposed to receive by social assistance but there's no record of that and it's really twisted and if I had the right legal representation I could probably do something about it and now is the right time to

> be honest but that's scary. So anyways I got back on social assistance but only recently”. – P4

P1 also described feeling frustrated by the lack of guidance and indifference she encountered from caseworkers. As a woman with a disability she struggled with managing the money she received.

> “And I'm now on disability. People really. Like, I didn't know that I needed to ask somebody for help. there was no... I felt like I wanted someone to come down from the sky and go. You know what? (P1), you really need to put this money here and put this money here and, if there's ever any extra income from somewhere, make sure that you don't spend it all. And you know, it's like...Guidance. But there was nothing. And those social workers, they don't give a shit. They just, are there, it’s so hard, I remember when I used to process applications and create files and put stuff on the computer, it's a lot of work. I know they're really stressed, but they need a lot more people. Not necessarily just for women, but anybody who's on income assistance, we don't. None of us feel safe”. – P1

As demonstrated by these comments, the lack of information, combined with gatekeeping and difficulty accessing caseworkers left the participants feeling frustrated and ignored by the systems meant to help them. It also left those who were already struggling with illness and disability to figure out complicated systems on their own.

Lack of Additional Support

Part of what appeared to keep the participants feeling stuck was the lack of available supports needed for them to improve their situations. Many of the participants expressed wanting to leave assistance, but struggled to find the supports that would allow them to regain employment and support themselves. Several expressed a desire for training or education, but found they were unable to access employment training.

> "if I want to get re-training that suits my disability so that I can make some income that maybe I can work from home, maybe I can work part time. Something that accommodates my new limitations and so on, but still transfer my skills, it's so hard to even get into an employment retraining or employment support, even though it's called employment support income assistance." – P2
>
> "There are lots of people with disorders that have a social component. And having those tutoring sessions...having those organizations that are designed to do that would make all the difference in their ability to get into the workforce. Because it's not that they're not capable; they're intelligent, they're capable, some like myself are well educated. But we need a certain set of supports and then we need somebody to go with us and help the employer understand". – P7

While these women had a clear understanding of what they needed to succeed, there was a clear sense of frustration over the lack of supports available that they felt would have empowered them to go back into the workplace and be successful. In addition, participants described how the employment supports that did exist did not seem designed with disabilities in mind, or were run by support workers who did not have experience working with people with disabilities.

> "They've been doing this, you know help people find jobs thing for decades perhaps. And they're like well, I know what I'm doing. It's like yes, but you don't have this experience, the constant experience of working with someone with

> disabilities, working with the average person, the odd person with a disability is not the same as every single person you have has a disability, there's so many different disabilities, there's so much range…There's a difference between wanting to support people with disabilities and actually knowing how that works." – P7

There were also participants who described needing mental health treatment before they could begin working again, and yet were unable to access the treatment they knew they needed.

> "I don't have a psychologist or a therapist. The only therapy I get is from the social [work clinic]. You guys. You know, they're not clinical therapists. I have (SW name #1)…And the government has not helped me getting any kind of therapy at all… If I had better mental health resources, I would be working. But you know, I'm not. It's impossible, it's really, really hard for me to get the treatment that I need to get back out there and work." – P8

As P8 described, accessing mental health supports was an ongoing struggle. In addition, she felt that the supports she attempted to utilize did not consider the difficulties people with mental illness faced, and seemed ill-suited to accommodate the needs of those it was meant to help.

> "I've been trying to get into a program and I keep on calling the guy that runs the program and they don't get back to me. I keep on asking my doctor to refer me. And I've been referred and I've been recommended for a program and I couldn't do it and they dropped me like a box of hot rocks. Nobody's called me back since…basically, a mental health program, it's a basic one. But they run it at 9

> o'clock in the morning. I don't know anybody. I don't know anybody mentally ill that can be perky and ready to study at 9 o'clock in the morning. I don’t know anybody. So, I said, look, I can't do this. I can't. You know, due to my circadian rhythms and all of the medication I'm on, I cannot get up for that time. And they're like, well, too bad, so sad”. – P8

P1 also described having difficulties accessing mental health treatment. She experienced being kicked out of a mental health treatment program.

> “I participated in a program at another section of Nova Scotia Hospital and I tried to follow the rules but I guess I did something wrong. I didn't blow up at anybody. I didn't attack anybody, but I basically was told OK we don't have any way to help you”. –P1

Despite their attempts to access mental health treatment, both participants wound up unable to receive the treatment that they needed to improve their mental health due to issues related to their mental health. These experiences suggested that the supports available for people with disabilities need to be better designed with their accommodation needs in mind. As things stand, the unwillingness to accommodate or adjust to the needs of those with disabilities has left the participants struggling and unable to move forward.

Trapped by Rules

There was clear sense of frustration and injustice with the current system. Punitive policies left participants feeling stuck and unable to take even the smallest steps towards progress. Participants described how poorly rules were communicated to them which resulted in several participants suddenly and unexpectedly losing the assistance they still deeply needed. Rather than supporting recipients in improving their lives, these restrictive rules appeared to keep participants trapped in poverty and feeling hopeless over a better future. As was noted in the *Employment* section, attempting to work while on income assistance often left individuals worse off than they were before, due to aggressive clawbacks. Similarly, restrictive rules on savings demand that recipients have minimal to no savings to be eligible for assistance. As several participants described, receiving one-time payments was often enough to result in being cut-off and forced to drain their savings, making it difficult to improve their life circumstances.

P18 described how she was kicked off assistance recently after selling her mobile home because of repairs she could not keep up with. Her story highlighted the inefficiencies these rules created. Instead of using her extra money as a down payment on a new home and paying off the mortgage with money received from assistance, she was forced to drain her savings.

> "Right up till last June or July, I was on assistance, but they cut me off because I sold my mobile. And because I sold my mobile, now I have money in the bank. And of course, if you have money in the bank, then that's what you have to live off of. And that's what I have to live with for a year, until I can get back on social assistance, which opens up a door of more frustration and anger because by rights, I feel that I should be able to keep at least part of that money…But like I'm (age)…there is nothing there for me for retirement. There is nothing there and I should keep it. I understand if they want to take part of the money, OK. Like a percentage of the money that's fine that I gotta live off of that. But I have to live off the whole thing. And once that whole thing is gone within a year or after a year then I can go back on to assistance… But what I've been trying to explain is

> the fact that if I have to do that for an apartment then why couldn't you put that money towards a mortgage for a home? I can put down this certain amount. Like a mortgage, I've seen homes that that seem to be fairly good. But the mortgage, not the mortgage, the down payment is like 10000, or 15000 or 7000. I could put that down. I could get back on social assistance. I could make a mortgage payment of $600, $700 with the supplement. And have a home". – P18

As she described, the money she got from selling her home could have helped her to significantly improve her life, instead she had been cut off and forced to live off it, eliminating her ability to improve her life. P7 experienced similar problems with restrictive rules after she received an income tax refund. In her case, she felt blindsided due to the poor communication of rules and lack of accommodations around income reporting. She described only learning of a rule after she had broken it and been kicked off assistance.

> "What they need to do is they need to give you a file folder. With information on what you need to do. So, I read this thing that said you need to submit your income statement by this date. Or your thing will be late. I'm like, OK well, I don't know where to get the income statement. Oh, I can get it in the office. OK, so as long as I'm up during the day, which, you know when I'm not having problems with my depression. I am. I can do that. Well then, I had problems with my depression, and it was nighttime when I was awake… you don't put in your income statement for two months, you're kicked out. That would have been nice to know. And so, I got kicked out. The reason why my depression got bad. The reason why I was scared, was in part because I was scared to submit my income

> statements because I got a whole bunch of income tax and I wanted that income tax to keep it…And so I thought I wasn't gonna keep it but guess what I was allowed to keep it. And if I just submitted my forms, I would have got it. But instead, I had to use it to live off of. And I never got that money back that they said they would…But where does it say on there that not submitting it means I'm kicked out? It doesn't".

Like P18, she felt that the extra money could have been used to improve her circumstances, but instead she was forced to live on it. Having such strict rules also forced people to go to elaborate lengths to hold on to the little they had.

> "And now they allow, I think up to $1500 - 2000 for a year. But then they will ask you also, they have asked me how much money do you have on you now? I'm like $5 and then they will ask you how much you have in your house. I don't have nothing in my house so that emergency money that I have, you gotta keep your mouth shut. You don't? Yeah. And you learn, and I learn to lie through my teeth. You do. And it's not, it's not. The social workers, they get the flack for all of this. It's the policies, once again, it's the policies. And so I don't want to lie to them. So, the money that I have in my House, I'll take it out". – P18

The lack of clear communication and restrictive rules around savings appeared to leave these marginalized women in extremely vulnerable positions. They were at risk of losing the small amount of help they got over making minor mistakes or daring to have emergency savings. The strict rules around saving and working while on assistance left recipients trapped by the very systems meant to help them. While this led some to try to covertly sneak around punitive policies to gain some security, the majority were left feeling frustrated and helpless to change their circumstances.

Feeling Helpless

Although many of the participants were acutely aware of the issues associated with income assistance and the systems they were forced to navigate, there was also a palpable sense of fear around talking about it. Two different participants described being threatened with punishments by service providers if they complained about the problems they noticed. P2 described being threatened after being heard complaining about money being spent on hotel shelters rather than permanent housing,

> "one of the (non-profit) workers when I told them that they took me into the office and they said don't talk about it, because in Halifax you will get blackballed and nobody will help you…Don't rock the boat. Don't talk about the hotel thing. It will go through all the charities and all the supports to not help you". – P2

P8 described being threatened after she tried to report a doctor for not believing in mental illness and refusing to help her.

> "She threatened me. She said if you say anything to the College of physicians and surgeons this is what's going to happen to you. It's reportable but the thing is, if I do report it, like even though it's been two or three years now. Even if I do report it, something's gonna happen, and I'm not gonna have a doctor. People are blacklisted, you know, that does actually happen. But yes, that actually did happen". - P8

The threats these women received served to send a powerful message about the dangers of speaking out about the injustices they encountered. It also reinforced the powerlessness these women have over their lives. If they wished to speak out about their mistreatment, they risked losing any help available to them in the future. The injustice they faced from the system left many of the women feeling frustrated and abandoned. Several of the participants expressed dread that the system was actively trying to make them disappear.

> “It's almost like they're trying to get everybody that lives on the system, assistance, CPP disability. It's almost like they want them all to sign up for assisted suicide”. – P5
>
> “I've had people who are with the (non-profit organization) and people that have worked in insurance that quit, that told me they call it starving out. So, they actually tried to keep people in limbo hoping that you’ll just kill yourself or get so marginalized and homeless or just disappear or have a mental breakdown or get an addiction. To have insiders tell me that, including people from the Veterans Association and former insurance employees, that's really disheartening. Because I'm afraid that that's what they're trying to do to me. And you want to believe that your systems are more safety first. That they're supposed to be accountability and more proactive. So it's very devaluing.” – P2

From participants’ comments, there was a sense of powerlessness about the system they relied on. Although they could see the issues with the system, there was no opportunity for them to affect change. There was also fear that these failings may not just be poor design, but purposeful, meant to make them “disappear”. In their narratives, there was a sense that these participants felt that they had been abandoned and trapped in poverty by broken systems.

Abuse from the System

Many of the women in this study had experienced traumatic events and abuse in their pasts. This trauma was amplified by the neglect and maltreatment they experienced from the system. P2 described feeling abused by the system, comparing it to behavior from past abusers.

> "I'm looking at our systems going this treatment feels like what my abuse, systemic abuse aspects felt like. That it's the same kind of tactics. You know, and I've said that to my therapist. And they're like, yeah, you're right. There is a lot of narcissism in our systems, the narcissistic strategies. The bread crumbing, the future faking, the doublespeak, the gas lighting, moving goal posts. So that's disheartening as well." – P2

This quote highlighted how navigating the system as a woman with disabilities can be traumatic. These participants felt neglected, threatened, controlled, and ignored. For participants who had already experienced trauma and abuse in their past, this systemic treatment could be re-traumatizing. P2 recalled having a conversation with her doctor regarding the impact of income assistance on her well-being.

> "And I didn't realize that. I was thinking of my child abuse as my trauma. And he's like, no, you're in trauma now because you don't have your basics and you're constantly don't know. You don't have shelter. You don't have safety. You don't have all the nutrients you need. You don't get the sleep you need. That's why your system is the way it is. And that's why I'm having to medicate you, because I'm limited in what I can do…He said I wouldn't have to be on half that medicine

> if I had self-sufficiency from the systems, if the systems were doing what they need to do to help people have health and dignity and self-sufficiency”. – P2

As P2 expressed, lacking safety and being denied the resources and supports they needed to meet their basic needs was traumatic and re-traumatizing for someone who had already experienced past trauma. Other participants also experienced negative impacts on their mental and physical well-being as a result of the abuse and neglect that they experienced from the system. Multiple women described experiencing depression due to the deprivation caused by living on income assistance, as mentioned in *Constant Struggle*. Other participants struggled with worsening conditions due to being denied care, as described in *Receiving Inadequate Healthcare.* Being in difficult circumstances and living in poverty also left the women of this study more vulnerable to experiencing other forms of abuse, such as intimate partner violence or harassment in the workplace. As P2 noted, lacking resources also created conditions that made it difficult to recover from past traumatic events, and kept her focused on survival instead. Despite asking repeatedly for help, P2 felt she was left without the necessities and the supports she needed, which placed additional stress on her health.

> “But the systems the way they are right now, they're really failing, and they're making it worse. And that's what my specialists keep telling me is, you know, stress is the worst thing for you. The worst thing for your condition. But when you go to the systems and ask for ways, for the basics that you need and a trajectory, a way to get those basics met and have some security of those, it's not their priority. You don't get any sense that you can get traction and any support to really authentically have that happen. And that makes no sense to me.” – P2

Although many of the women discussed the hardship that living on assistance placed them in, there were several stories that reflected times when income assistance played a positive role in their lives. After leaving her marriage, P18 decided to go to Community College to get her GED and then several post-secondary diplomas.

> "So, all together it was seven years straight in Community College. And social services paid for the tuition, they paid for the books, they paid for a computer. They paid for this and that. That's the good part of it".[5] – P18

Without the support from income assistance, she felt she would not have been able to continue in Community College for so long, especially as she had had limited work experience. She believed that being on income assistance enabled her to improve her circumstances by supporting her in her pursuit of education. Similarly, P17 described an instance where being on income assistance allowed her to access mental health support.

> "in order for me to live in the small options home[6]. I think I had to either pay or I had to be on income assistance. And I also had no other source of income. So it was what I did at the time, and it was a very hard pill to swallow to go on welfare. But it was a really important thing that helped me at that time, I guess. As I had no other income". – P17

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[5] Although this story is from 25 years ago, aspects of this program still exist today. The Department of Community Services will pay for the tuition and books of people on income assistance who enroll at the Nova Scotia Community College (NSCC) for academic upgrading, high school equivalency, short term skills training, or continuing education (Department of Community Services, 2023).

[6] A small options home (SOH) is a program run through the provincial disability support program. It provides support for three to four people with disabilities in a community home. Residents receive support from live-in or shift work staff (Department of Community Services, 2024).

As these women described, being on income assistance allowed them to access services that they would have otherwise had to go without, which allowed them to improve their lives. While these stories showcased the positive impacts income assistance can have, they were also the exception to most participants' experiences of income assistance.

The overarching experiences of participants revealed significant gaps in the system and the pressure that this put on vulnerable women to survive. In general, participants' statements revealed participants' perceptions of the system as apathetic to their well-being and possibly deliberately harmful. Participants described being denied coverage for medically necessary treatments and as a result were struggling to heal from physical injuries and conditions that should have been treatable. The barriers caused by unclear information, strict rules and seemingly indifferent case workers made accessing the supports they needed close to impossible. The help they did receive came with confusing and restrictive bureaucratic rules that left them feeling unable to move forward. Some resorted to covert ways to get by, such as hiding savings, but most were simply left frustrated, knowing what kinds of support they needed, and yet unable to access them. These women were critical thinkers who highlighted the inefficiencies of the systems they had learned to navigate, and could see where improvements could be made, but felt too afraid to speak out. They perceived that the hardships caused by living with a disability and experiencing poverty were made innumerably worse by the broken systems they were forced to navigate. Through the neglect, mistreatment and silencing they experienced, multiple women described feeling either re-traumatized by the system or stuck in vulnerable situations where they were at risk of abuse or violence.

Feeling Punished

> "If didn't have disabilities, I'd have a job. If I had a job, I'd have enough money to do that, and so it feels like I'm being punished for having disabilities, for being born a certain way. And isn't that the definition of discrimination?" – P7

This comment made by P7, a woman with multiple mental health challenges, revealed a common theme that wound through many of the participants' stories. Underlying the daily challenges of living on assistance with a disability were experiences of systemic discrimination and stigma that occurred in every facet of their lives. These women felt punished by the systems meant to help them, by society, and by their own community members. Many of the women in this study described discriminatory treatment that left them feeling isolated and ashamed. The exclusion and discrimination they encountered created barriers to accessing necessary resources such as employment, housing, healthcare, and other necessities, which had significant repercussions on their well-being.

Experiencing Discrimination from Employers

Although the *Employment* section of *Constant Struggle* discusses barriers to employment for women with disabilities, it is important to re-examine these challenges through a wider lens, as these difficulties appeared to be part of a systemic set of barriers that participants consistently came up against. The perceived societal discrimination that participants experienced affected their ability to participate fully and equitably in society, and much of it seemed to start with the challenges they experienced with employment. This discrimination could be subtle. Multiple participants perceived discrimination occurring during the hiring processes.

> “I still can't get a position, because every time that I go for an interview they can see through me, they can see the disability I swear. It's difficult for them to stop me from rambling, or like it takes an extra amount of work to try to prepare for an interview due to having this disability of (condition). And if you don’t have the right supports it makes it even harder. It's really hard, it's sad out there. They want a certain someone. Because unemployment is so high right now. They can really pick and choose. If they don't want someone who they think is disabled, that'll be enough. They don't have to say anything else.” - P4

P1, who worked for many years at the same job before being forced to quit, described struggling to get a call back which she believed was due to her mental health history.

> “and it was so in your face it was so, I tried to be so truthful when I was trying to apply for jobs online in the federal government because I didn't have any problems then. And at first, I would indicate that I had (mental health condition), I had some mental issues, and I had some physical issues, but I had worked on those and I'm now able to go out in the workforce again. I phrased it kind of like that, but no responses and I just could not believe it and I, like I still. I lost hope for so long and I just was living with them”. – P1

Feeling discriminated against and unable to obtain employment left participants feeling hopeless about their future. Although there is anti-discrimination legislation, participants believed it was relatively easy for employers to discriminate during hiring processes without repercussions. Participants also noted that employers have no real incentive to not discriminate against employees with disabilities.

> “Most employers are like something doesn't seem quite right, you know, or, you've had some struggles. I'm gonna get rid of you. There's no, they have no need to make the effort…And when it comes to that, they don't have the time and the energy and the supports to learn all the things that are needed to support a person with disabilities oftentimes, and they have no advantage to doing it. In fact, they have every advantage and every reason to not”. – P7

For the participants of the study, they perceived that having a noticeable disability or disclosing their disability impacted potential employer’s willingness to hire them. However, their experiences with employment discrimination did not end with hiring processes. Those who were employed described experiencing harassment and discrimination in the workplace and struggled to get the accommodations they needed to thrive. P8 described how her mental health conditions were exacerbated by the discriminatory treatment she received from employers. She was eventually pressured into leaving her job after her mental health worsened.

> “They didn’t understand but it got worse than that. They didn't give a shit and they used it against me. You know, they made fun of me. I was bullied. And they laughed when you know. And I was threatened with firing when I called and I said I can't get out of bed. I’m really, really, really sick. And they said, well, you're going to have to have a doctor's note. And I said, well, yeah, I know that. But I have three days, right. And they said nope for you, it's one day. So, they're very abusive and bullying. And they threaten me with firing and I've been there for 16 years full time”. – P8

For these participants, maintaining a job with a disability was incredibly challenging due to the underlying discrimination they experienced in the workplace. Several participants described being repeatedly let go from jobs while their employers refused to provide the bare minimum of accommodations. P18 described employers who would routinely ask her to do tasks she was physically incapable of performing, and accused her of having an attitude which she believed was an excuse to let her go.

> “And the career counselor said to me, they can't fire you. Your supervisors can't fire you because you have a disability. But what they're gonna do is that they're gonna make it worse for you. They're gonna put more work and tasks on you that you can't possibly do because of (health condition). And then they're gonna force you. That will force you to quit. But right now, they're saying that you have an attitude problem. But he said to me, he said, you don't have an attitude problem”.
> – P18

She also described struggling with employers who did not seem interested in accommodating her or learning how to accommodate her.

> “So this might be a minor thing, but all these things calculate up. Because the supervisor or the boss didn't wanna take the opportunity to learn what I could do or understand what I can't do. And so, every morning at this job, they wanted me to go out and get the newspaper. So, I went out to get the newspaper. But the newspaper was always on the ground. So then I had to go back in and say the newspapers on the ground and I don't have the ability to bend over or squat down to pick it up. You'd be surprised what people take for granted. And so all of these things add up and so they can't fire me because of a disability or limitation to my

> mobility issues. But they can fire me for not. But they can complain about me for having an attitude problem. And so all of that became so emotional. And it caused me to have breakdowns after breakdowns". –P18

Experiencing discrimination, lack of accommodations and mistreatment by employers created barriers to working and maintaining steady employment. Beyond that, the treatment these participants described felt demeaning and demoralizing to them. As P18 and P8 described their experiences, it was clear that these experiences were painful memories for them that significantly affected their emotional well-being and worsened their mental health.

These issues with employers have left many who were willing and interested in working unable to do so. However, there was one participant who had dramatically different experiences to the rest of the participants. P11, a woman in her twenties, disclosed her chronic illness after her condition became too difficult to hide, but contrary to the experiences of other participants, she felt her employers were very understanding and accommodating. After being asked about her employer's response to the disclosure of her illness, she enthusiastically described how understanding her employers had been.

> "Ohh, fantastic. If anything mad that I didn't tell them. You know what I mean? But I've just been super lucky with all of my employers. They were always, you know, very accommodating in any way that I needed. So yea, nobody ever reacted bad, which was good". – P11

In this study, P11's experiences were the exception. For the rest of the participants, they felt that disclosing disability or having a noticeable disability often led to discriminatory hiring practices, poor treatment on the job, and frequent firings. None of the other participants discussed receiving or being offered accommodations. Instead, they experienced being treated as though they were acting difficult for having a disability or limitations. The discrimination they faced from employers has made it incredibly difficult for these women to work and support themselves, forcing them to rely on government assistance. This has in turn significantly impacted their ability to participate in other areas of society, including accessing housing.

Experiencing Discrimination from Landlords

Along with discrimination in the workplace, several participants also described feeling discriminated against by landlords. This discrimination contributes to the difficulties with housing that were described under *Constant Struggle.*

> “I just couldn't believe last year we all tried, four of us tried to. We all filled out applications. And e-mailed them to people to apply to move into. There was a couple of houses in Halifax and it was all perfect. And of course. They're like income assistance? It's like nobody in the area, and I’m being dead serious, nobody. None of the rental companies”. – P1
>
> “And things were a bit looser than, like apartments were easier to come by. But still, I felt that, you know, I couldn't. They wouldn’t want me to be there under my own auspices. You know, on income assistance”. – P17
>
> “Ohh, yeah, it's exceptionally difficult and a lot of people who are landlords don’t want to rent to people on income assistance…Because the fact is, is that people on income assistance have a bad rap. And sometimes things go wrong”. – P7

As these participants described, landlords appeared uninterested in renting to people on income assistance, despite it being a regular source of income. From their perspective, this appeared to be due to negative attitudes regarding people on assistance. P18 echoed these sentiments that people on assistance are perceived negatively. However, she also noted that there were those who took advantage of people on assistance.

> "there are people out there who will take advantage, this is off the track a little bit that are not on social assistance, but will take advantage of social assistance. And that's ambulance drivers, landlords, because they know that if your rent is $400, if the rent is $450 and they know that you're on assistance, they will Jack up your rent because they know that social assistance is good for it…So it's not just people on social assistance that scam the system. Like there's people out there that will say oh people on social assistance, they're lazy. They don't have ambition. They don't want to do anything. They just wanna live off taxpayers money. But there are governments or whatever that will take advantage of people that are on social assistance as well". – P18

For these participants, there was an additional layer of punishment for having a disability. Due to difficulties obtaining and maintaining employment they were left reliant on income assistance. However, they also experienced judgement and stigma due to receiving income assistance, and several described difficulties with landlords who they believed were unwilling to rent to those on assistance. Not only did they feel punished by employers for having a disability, they felt judged and punished by landlords for not having a job and being on assistance, which further impacted their ability to acquire safe, affordable, accessible housing. As described in *Constant Struggle,* the difficulties they experienced in accessing appropriate housing led to significant ramifications for their health and well-being. These women already experienced difficulties in their daily lives, but these ongoing experiences of discrimination and judgement compounded the challenges they faced, which seemed to leave them even more trapped in their circumstances.

Experiencing Negative Judgements

The negative attitudes and discrimination described by participants did not just impact their employment or housing opportunities, they also impacted their interactions with others. Even among friends, family, and community, participants felt judged, isolated, and ostracized.

> “I remember coming to this dinner party at a friend's house and her parents worked with my dad in the same place and some other guests were there and I basically felt like I was totally ignored… here I was on assistance, you know, recovering from mental illness. So, I felt that. I don't know if it was the mental health stuff or whether it was the me being on the system that they. Or the whole package. They decided you know, they weren't really gonna ask me any questions or talk to me and it just, so I remember how terrible that felt”. – P17

This quote illustrated the sense of judgement and exclusion that multiple participants felt being around others, and the sense of isolation this created. Even if nothing explicit was said, implicit body language or expressions left the women with disabilities feeling judged.

> “I got a pair of sandals, and I went in the office. And this is where you gotta keep your mouth shut. And I was so happy that I got my sandals and I said to the person who I knew quite well that I was working in the office with, a secretary. I said look at my sandals. I said I'm coming up in this world. Social services paid for my sandals. You should have saw the look on that person's face. It was almost like, I’m assuming, it was a look at, why should you get that when other people...? Yeah, you see where I'm getting. Why should you get sandals, you know, snap the fingers and people have said, you know, snap the fingers and social services will pay whatever these people want that are on social assistance. That's not necessarily true”. – P18

Like P17, P18 felt deeply judged for her reliance on assistance. In P18’s experience, her perception of judgement has led her to mistrust others and self-isolate to avoid further judgement.

> “So, if you're on social assistance and you get like a new coat or boots or something to wear, you just gotta keep or your hair done. Just keep your mouth shut…So it's not, I'm not proud of myself. I'm ashamed of how I had to live. I often wondered what people. No, I should say I wonder what people think of me, but I lived an isolating life because I don't want people to know what I had to do to survive. And what would people think of me? If they knew that I was living like this, because they would say like, that's not right, you're ripping off the system. You should be incarcerated or it was all. Would I get all those negative things? But at the same time, you don't dare breathe out what you're doing because you could get snitched on”. – P18

These comments reflected her feelings about the perceptions of others, and they also revealed her own internal sense of shame around being on assistance. This feeling was echoed in multiple interviews, as participants expressed feelings of shame and embarrassment around living on government assistance or having a disability. The stigma they experienced and the way these women have been treated became internalized, leading them to feel ashamed and have a lower sense of self-worth.

Impacts on Sense of Self

Many participants expressed shame over relying on assistance or having a disability. The judgement participants experienced from others, as well as the poor treatment and discrimination that often occurred in their day to day lives contributed to these negative feelings of shame and poor self-worth. Multiple participants expressed having low self-esteem, especially if they had been on government assistance for a while. Some also described struggling to accept their disability and experiencing their limitations as a source of shame. This sense of shame also drove some to hide their conditions to achieve a sense of normalcy.

> “But believe me, I do not want to be. The resources are not out there to get me back into society. You know the government wants me to work and be a proper contributing member to society. Isn't that what the government wants? But they didn't give me the resources to go back into society. So, I'm ashamed of being on assistance”. – P8

> “So it was what I did at the time, and it was a very hard pill to swallow to go on welfare… it was just another like kind of evidence that I wasn't capable of taking

> care of myself sort of thing. And I didn't wanna be dependent on welfare, but I needed to, at the time I was not very well". – P17

Despite their recognition that going on income assistance was what they needed to do for their health, and that more support was needed for them to go back to work, both participants described feeling a great sense of shame around going on assistance. Some tried to mitigate the shame they felt around having an illness or disability by hiding their conditions from others. P11 went to extreme lengths to hide her illness, and began administering her own medication and scheduling treatments around work and school, while avoiding disclosing her chronic illness to employers. P11 described feeling ashamed and not wanting to disclose her illness.

> "So, I would say at first I would not tell employers that I had (chronic illness) and it wasn't just employers, honestly. It was like whenever I met somebody, it was I would kind of make a point to not tell them. I think probably shame thing which not the, should have been anything shameful of that. But that's just how I felt".- P11

Being unable to access the resources they needed further impacted their self-worth and sense of self. P2 described the impact of having a disability and being denied help, despite repeatedly asking for support.

> "It's a devaluation. When you have a disability and I'm colored and I'm a single parent and I'm a woman. There is all these marginalizations that already devalue us like a lesser citizen, like we have an invisible caste system. And then you go to the appropriate supports to get the supports, get yourself on track. I'm asking for help to get back into employment and training or whatever it is that they can do.

> When it just doesn't happen it's very devaluing. And peoples, it erodes your value, and the longer they leave you in limbo, the harder… It makes you feel like you don't count in society. You don't count as a citizen.” – P2

Despite the shame and devaluation many had internalized, some also rejected the punishment and shame that had been imposed on them from the system and society. As P17 observed, “It doesn't mean that I should suffer if I can't like work a 40-hour week by not having housing, and not having food”.

In one way or another, these women felt that within society, they did not matter and were not valued. They felt punished for their disabilities by being forced to rely on a system which did not cover their basic needs and contributed to their worsening health. They felt discriminated against and denied access by landlords, employers, and community members. The exclusion and stigma they endured was isolating and left many feeling ashamed of their circumstances. This treatment was not just challenging, it was traumatic, and left these women with disabilities vulnerable to further abuse and mistreatment.

Living with Trauma

As the participants struggled to navigate poverty, deprivation, discrimination and broken systems, there was a common theme of trauma. As described in *Experiencing Broken Systems,* the neglect they experienced from the system was itself abusive and traumatic. This treatment from the system often compounded the trauma that many of the participants had already experienced and at times led to worsening symptoms. For several participants, trauma appeared to be at the heart of their disability, and multiple participants described suffering from PTSD.

> "They said basically that from the abuse that you suffered as a child and then there's as an early adult. And the counselling that you had after. It has, although it's allowed you to sort of survive. It has backfired as far as the career you chose, and so I found out the hard way that if I go to counseling and find out how to deal with PTSD and the borderline personality disorder and some other things. It's kind of like I had learned how to defend myself verbally and physically. But so, I learned how to defend myself and I guess I could be considered sort of defensive. But being a customer service representative for the province, it doesn't allow you to be defensive." – P1
>
> "I actually got a physical injury through a sexual assault that happened to me, and I couldn't walk and I'm requiring physiotherapy which Department of Community Services will not cover…Yeah, it was a really traumatic event that I had to, oh girl. Ohh It's so hard to talk about". – P4

For those whose disabilities originated from their trauma, current systems made it difficult to access the supports they needed to recover. If they worked they risked exposing themselves to workplaces that were not conducive to their well-being. If they relied on assistance they would be left without the resources needed to heal. Either way, they were placed in positions where it would be difficult to recover from trauma and its long-lasting effects.

Although not every participant had disabilities that were directly linked to past trauma, trauma was still woven into the stories of many of the participants. Being women with disabilities and living in poverty made them especially vulnerable to further violence and abuse. Most participants had experienced gender-based violence, including sexual assault, intimate partner violence, or sexual harassment at work.

Gender-Based Violence

One participant, P18, explicitly married to avoid the challenges of being on assistance with a disability, only to find herself in an abusive marriage.

> "I wasn't in a shelter, but after I left my husband, it was an abusive marriage. I did not have a place to go or I didn't wanna speak up because I felt ashamed and I felt really bad or stupid that I got myself in the situation, not just a bad marriage, but because I couldn't provide for myself. And the last thing he said to me was you'll be back because you can't provide for yourself and there's no place for you to go. So, I lived in my car for a few weeks". – P18

Leaving an abusive relationship can be incredibly difficult, and it's even more difficult when someone lacks safety nets and is financially dependent on their abuser. As a woman with a disability, unable to access income assistance during her marriage, P18 was more vulnerable. Without access to the resources she needed when she escaped her relationship, she experienced temporary homelessness and struggled to get back on her feet. P5 also experienced being in an abusive relationship.

> "Well I still talk with the Dal social committee. You know, like I said, I was traumatized three times within a year almost. And, just to get over it. Not over it, but figure out ways to do things, but like I said, even when I tried to find an apartment under safety issues. It was a no. I couldn't afford it or stuff like that." – P5

Not only had P5's trauma affected her mental health, it had also made it difficult to find safe housing. Like P18, the trauma of being in an abusive relationship as a woman with disabilities has had long-lasting repercussions, and affected their housing, safety, and well-being. For some participants, the workplaces also became sources of gender-based violence and harassment.

> "So it's a group of men and I was working as a receptionist and the sexual harassment that I was receiving was undeniably inappropriate, it was incredible". – P4

P4 eventually quit her job due to the harassment she faced. As a woman with disabilities, she was faced with the hard choice of leaving a job while knowing the difficulty she would experience getting a new job in the future. Similarly, P7 described receiving inappropriate advances from a supervisor. Although she did not leave her job, she found that after turning him down she stopped being given shifts at her work.

> "Well I mean you can tell when you have a coworker who only hires you because they think they can get something from you. Has you coming in like? And then the moment you tell, them dude, no…I'm not interested in going anywhere? And then all of a sudden, I'm not called to work with that person anymore. Yea that person no longer requests me you know…but yeah, it does. I mean it certainly affected my hours". – P7

Reflected in these stories is the inherent vulnerability of being women with disabilities. Living in poverty left them without safety nets when they wound up in unsafe situations. They were often unable to access the support they needed to be safe, or to recover after traumatic events. In addition, the violence they faced affected their financial independence. Whether it was through unsafe work environments that forced them to prioritize employment or safety, or through the long-term effects of trauma which made it harder to work, they were further marginalized and restricted in their ability to care for themselves.

Staying Resilient

Despite the struggles these women found themselves in, there was a core of resilience that many of them shared. Many had found creative ways to survive despite the systemic and societal barriers they faced. They used networking and word of mouth to find resources, homes to live in, and other necessities. Some found ways to survive through less legal methods, like hiding money and stealing groceries. Many also relied on the giving and receiving of care within their communities to fill in the gaps left by formal sources of support. These coping mechanisms, survival strategies and acts of community care allowed participants to persist in the face of systemic neglect, engage in their lives, find meaning, and feel more human.

Creative Solutions

Some participants addressed the gaps in support by finding creative solutions to their problems. P2, who lived in hotel shelters for over a year, described struggling to find information on affordable housing through formal supports. She eventually left hotel shelters through renting a living room from a friend, although it was not legal.

> "I got it (her apartment) end of September and just before that I had made friends with somebody that has an apartment because he's a Superintendent. So he was

> letting me sublet his living room because, or his dining room because he wasn't using it". – P2

After trying and failing to get help from formal institutions, she was finally able to leave the shelter system and access housing through creative solutions and help from friends. P2 is not the only participant to rely on creative solutions to get around the problems caused by broken systems and limited supports.

> "They used to have a bulk of things right in the grocery store, and so you helped yourself with the shovel and you pour whatever the item into a bag…And then you took it to the little thing that you weigh it and then it would tell you the price of it and how much kilo it was…This little sticker would come out. And so the white sugar, let's say it was $0.80. So I would put the stick on the bag and then when no one was looking I would take the bag and get another spoon or another shovel full and then I would tie it and put it in the grocery cart. And then I took it out to get it done at the pay for and they would take it in and I would hold my breath. Like I know, like the look on my face would give it away if it could. And then she tallied it all up and she goes ohh that will be like $12 or $20 or whatever. And she goes wow you did great today, didn't you? And I go yup. And so then I took, I would practically like just move really fast to get out of the store. And I'd put it in the car and I'll look around for the cop cars. And I thought for sure I'd get caught. I thought for sure I would be arrested, and I would take it home". –P18

By illegally subletting her friend's living room P2 could leave the shelter system until she found her own apartment. By changing prices at the grocery store, P18 could make her food budget last a little longer. For both women, they have had to find creative, but also dangerous and stress-producing, solutions to their problems. Although their solutions went outside of the accepted social norms, they were necessary for their survival.

Informal Networks

Some participants have also found that informal networks have allowed them greater access to resources and support. While P2 struggled to get help from the Department of Community Services, she described other non-profit workers using their networks to get her the resources she needed.

> “So the thing about (non-profit) is they network. They're good with networking, so they'll know of other options or other resources in that sense. So that's what I found. The other helpful thing is. OK, I'm struggling with this, what advice do you have or what kind of support should I be looking for? And that's where they might know. Ohh well, you need a jacket. Ohh well, we can give you a coupon for discount at the thrift stores. Or I need high protein, low fat, low sugar because of my condition. So then they work out a deal to get me protein shakes that meet that requirement and cans of beans, canned fish and canned beans, they kind of stockpile for me to meet my nutrition need…When I told them ohh, I got approved for DSP level two, they said ohh, that's gonna move you up the housing list. Let's go make a copy of this and send this DSP letter that you've been approved at this level. Let's go send it to the housing list so that it gives you more priority”. – P2

Using informal networks and talking to other non-profit workers, she could get some of the information and supports that were difficult to find on her own, even if it was patchwork in some cases. Similarly, P4 used some of her networks to get the help she needed. She ran into barriers getting back on income assistance, including having a case worker deny her help due to her past as a sex worker. She was finally able to get back on income assistance after meeting a worker who knew her mom.

> "There was a woman that works there that actually knows my mom. And so when I went to apply I said listen (worker #1) never gets back to me, she's always out of the office etc. She says you're (mom's name) daughter, and I said yes I am and she said ok come with me, she set everything up, she pushed everything forward she said this girl needs help, help her out. And that's the only way I got through it". – P4

At times, being able to rely on networks and connections allowed participants to work through otherwise difficult situations and push back against mistreatment to get the help they needed.

Fighting for their Needs

Other participants fought to get the support they needed. P18 described having to fight on multiple occasions for the help she needed. She described how a doctor denied approving the forms she needed to go on assistance, despite her chronic and painful condition.

> "So, I handed him the paper or papers, so the forms to fill out. He slid them back to me. And then I slid the papers back to him. And I said fill them out please. And he slid them back and said you go back to school. I slid the papers back to him and I said you fill these out or I'm not leaving until you fill these out, and then I'll

> go back to school. So then he filled out all the papers. I thanked him, and I went out the door". – P18

In another instance, the Department of Community Services refused to cover her CPAP machine, a health device she couldn't afford on her own, but clearly needed as someone with a heart condition. She used her anger to convince the workers she needed this machine.

> "And I was frustrated. I was angry because they wouldn't cover the C-PAP or buy me the C-PAP machine. There's no way in hell I was gonna use my emergency fund for that, which was emergency. So, I took my fist and I apologized afterwards. I took my fist and I banged it up to the plexiglass (participant gestures hauling back and hitting something). And then I said it's a damn good thing you're behind there. That got the ball rolling. That there is something desperately wrong with the attitude with me sort of thing". – P18

After her outburst, she wound up getting the coverage she needed to get the C-PAP machine. Another participant, P7, described having to fight her worker to get put on advanced disability rather than regular income assistance.

> "I got this new worker and he said well, you can't be on the advanced on the disability amount anymore then. I was like, no, no, no, they put it. This one of things that I'm really pleased they did is they put the entire. Because I have looked online to find out about stuff. They put the entire. But since then, since I had the problems, they put the entire handbook or whatever it's called online. So I could look it up and it says clearly in this section that I either have to have a permanent disability or be unable to work to stay on the enhanced disability amount. So even

> though I have permanent disability, my being able to work does not take me off that amount". – P7

In these stories, the women of this study have learned to fight for the things they need. And like P7, who looked up the rules to prove her case, they have learned to advocate for their needs in a system that was often indifferent to their struggles.

Community Care

Community was a significant source of care and support for several of the participants. Their communities were comprised of family members, friends, and other informal connections such as church members or members of the same support group. Community alleviated the isolation that poverty and discrimination created, and allowed them to fill in the gaps caused by neglect from the system. Several also engaged in caregiving, providing aid to others in their networks despite their own challenges. Some participants found informal support groups that provided them with emotional support and understanding.

> "We just kind of started talking to each other and sort of formed an informal support group. And so we all have our own mental and physical disabilities. And so we're pretty good". – P1
>
> "And through that gathering spot I met for the first time somebody else who had (mental health condition), and then I met somebody else with (mental health condition). And I said, Oh my gosh, we need to form a group. And next thing I know, we've formed what we call the (group name), which is a group of people, neuro-atypical people supporting each other without judgement. And here's the

> thing is that this group has made all the difference in my life. This is the kind of thing that I would like to see through income assistance. Support groups". – P7

Informal supports at times also became sources of care and accommodations that participants struggled to find among more formal institutions.

> "I had friends coming to stay with me every couple of days, because one of my issues with PTSD is if I'm by myself at nighttime for more than a couple of days I start having nightmares". – P1

> "So then everybody will, when they're in a rough spot can get support. Because support is essential, community support, working together as a community. Like no one is an island onto themselves, no one can survive and be emotionally and psychologically healthy in today's society by themselves". – P7

In both these participants' stories, their community allowed them to find support without judgement and receive care that supported their emotional well-being. Although they struggled against the stigma and mistreatment they experienced from society, they found care and understanding among their peers. Having community support also allowed the participants to access resources when the system failed them. After formal supports failed P18 and left her without options for housing, P18 turned to friends and informal networks to find stable housing.

> "No. I do belong to a church. I'm a church member. They're quite supportive emotionally for me, and they will help me and that's how I got this place or living in this home…So now I have a little bit of money in the bank, but if it wasn't for a kind-hearted person, I would be homeless". - P18

Through community, participants found resources that supported their well-being and survival. The women in this study also engaged in informal caregiving for the people in their circles, often to those who were vulnerable or disabled as well. Since P7 became part of her support group, she has provided significant aid to those in her circle.

> “someone I met at the library, just through hanging out here, came up to me and introduced me to this boy. And she said, look, I know you have a spare room, and he's getting threats at the shelter he's at. Can he stay at your place just long enough to find another shelter where he’s safe?...I have two people who are homeless right now staying in my apartment. They can only stay a few weeks because I can only have guests”. – P7

Although P7 has limited resources, she was willing to provide aid for others in need. Several participants also acted as informal caregivers for others with illness or disability.

> “And one of my childhood friends was dying, and I took him in to be his terminal caregiver”. – P2

> “I live with my dad. He's 90 and he's very capable of doing a lot on his own, but he doesn't see well. So, he's a person with a disability too, several. And so I do most of the cooking. I do, which amounts to quite a lot, dishes, cooking and then so that's part of my role. That's part of what I do for, you know, consider my job for free rent here.” – P17

For these women, their community became a strong source of support and a way for them to get their needs met outside of the system. And for those who were struggling with isolation, a clear sense of longing for community came through. In P5’s interview, she talked extensively about wanting to start a community outside of the city where mutual aid could be given.

> "Like I said, a small community, you know, with a little bit of land, each person can have a little garden outside their place". – P5

Within a society that was exclusionary and isolating for these vulnerable women, community provided a source of understanding and emotional support. This enabled their well-being and resilience. Engaging in mutual support and aid allowed these women to push back against the devaluation and dehumanization they experienced from other aspects of society.

Conclusion

Being a woman with a disability relying on government assistance is incredibly challenging. The participants of this study faced barriers in every facet of life. The everyday challenges of having a disability were magnified by the difficulties associated with relying on income assistance. The inadequate income that government assistance provided left them living in poverty and struggling to afford the necessities. They struggled to access adequate resources or the support they needed to move forward and felt trapped in place by the systems that were meant to help them. The lack of support or care they received from the system left many feeling dehumanized and devalued as lesser members of society.

This devaluation is reinforced by the discrimination and stigma they experienced for having a disability and relying on assistance. Many of the women described being excluded and ignored by society, leaving them isolated and ashamed of their circumstances. They believed that the exclusion they faced also made it more difficult to access employment and housing, which reinforced their dependence on government assistance.

Living in scarcity, being denied access to resources, and facing discrimination in all areas of life was traumatic and left them vulnerable to additional forms of abuse. Many of the women in this study had experienced multiple traumatic events, some of which stemmed from childhood, and felt re-traumatized by the harm perpetuated against them by the system and society. Facing poverty, sexism, and ableism also appeared to leave them vulnerable to various forms of abuse, including intimate partner violence, sexual assault, and harassment in the workplace. The lack of support they received from government assistance made escaping abusive situations even more difficult and hindered their recovery from trauma once it was over.

Underlying the stories of these women was a core of resilience. Many of them fought to get the help they needed, advocated for themselves and sought out information on their own when others would not help them. They also found ways to carve out pockets of community, and found support from their friends, family, and community members. The care they received provided them with support during difficult times and allowed them to access resources that more formal institutions denied them. Some of the women also found meaningful ways to support and care for the people in their life, despite their own challenges. Community became an important aspect of many of the women’s stories. As well as providing them support, community offered relief from isolation and allowed them to find value in a society that reinforced their status as lesser members.

Chapter 5: Advocates

This chapter reports on the findings from the interviews with advocates from Basic Income Nova Scotia. The literature review and interviews with women with disabilities made it clear that current income assistance programs were insufficient to address poverty, and enforced an oppressive level of oversight and control over recipients lives. One possible solution that has been put forth by advocates in Canada is to replace the patchwork network of federal and provincial government income assistance programs with a Basic Income Guarantee (BIG)[7]. A BIG is an unconditional monthly cash transfer that is contingent only on existing income provided to individuals as a means of raising them out of poverty (Basic Income Canada Network, n.d.-a; Basic Income Nova Scotia, 2021). To lift individuals out of poverty, the maximum amount given would need to be set at or above the Market Basket Measure (MBM), otherwise known as the poverty line (Basic Income Nova Scotia, 2021). To better understand the strengths and limitations of basic income as a replacement for income assistance and a solution to poverty, interviews were conducted with advocates from Basic Income Nova Scotia. Basic Income Nova Scotia is an advocacy group that was founded in 2015 and is dedicated to educating the public and advocating for a Basic Income Guarantee (BIG).

Six members from this group agreed to be interviewed, one of whom had lived experience with disability and government income assistance. The rest of the group was comprised of university professors and a working professional in public health. In their interviews, six themes emerged that were centered around their work and the possibilities

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[7] A BIG is the language used on their website (Basic Income Nova Scotia, 2021). It can also be known as a Guaranteed Livable Income, or a Guaranteed Basic Income.

of a guaranteed income: On-Going Advocacy Work; Criticizing Current Systems; Recognizing Strengths; Acknowledging Limitations; Encountering Resistance; and The Way Forward. In their interviews, they discussed the deficiencies of income assistance programs and the systemic poverty occurring in Nova Scotia. Their discussions of poverty in Nova Scotia and Canada echoed the lived experiences of the participating women with disabilities and highlighted the broader systemic issues behind the challenges the women faced.

On-Going Advocacy Work

The advocacy work that Basic Income Nova Scotia engaged in is centred around raising public and political support for a basic income[8] that would ultimately replace existing government income assistance (welfare) programs. They did this through holding events to educate the public, such as an annual accessible conference, meeting with politicians at different levels of government, and providing evidence to challenge myths and misperceptions around what a basic income is and its feasibility.

> "We're talking to politicians, we're having conferences, having town halls and to inform people, you know, inform people of all aspects of a basic income because basic income is, how should we say, the impetus of a basic income is to lift people out of poverty. But because of doing that, there is now suddenly all kinds of, shall we say, there's a network of consequences or secondary effects." – P12

While the advocacy of Basic Income Nova Scotia may be focused on the provincial level, several of the advocates from this group worked in tandem with other

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[8] Through most of their interviews, a basic income guarantee was simply referred to as a basic income, this is the language that will be used throughout the rest of the chapter.

advocacy groups at the regional and national levels to raise awareness and promote change. Other advocacy groups that they worked with included the Basic Income Canada Network, Basic Income NOW Atlantic Canada, and Coalition Canada Basic Income. At the Atlantic regional level, advocates have worked together to develop a consensus statement that allowed them to speak with one voice. They also held a summit meeting of the Atlantic provinces to build support for basic income.

> "And that group is a group of advocates from across the country, so every province and territory is represented in the group and we're all volunteers. All the work that we do is volunteer work. And that's true for each of these three organizations. And we focus our attention on advocating at the national level. So, meeting with MP's and senators around basic income, encouraging them to move forward in their efforts there. Meeting, presenting on issues of basic income whenever asked, and that's true for basic income Nova Scotia as well. I do a lot of presenting at the Provincial level and working on particular projects. For example right now, Coalition Canada is focusing attention on encouraging municipalities across Canada to pass resolutions in support of a basic income, and Halifax was the second city to pass a resolution and other cities are following suit, both within Nova Scotia and the larger region and then across Canada." – P15

The advocacy that Basic Income Nova Scotia and its counterparts engaged in also involved using evidence-based research to convince the public of the importance and feasibility of basic income.

> "Another one is called the basic income series or the cases for basic income series. And what is done there is that with a Coalition lead and pulling together a

> group of experts in a particular sector, there's research that's done. And then a briefing note or statement developed that describes how that sector intersects with a basic income and what the impact of a basic income might be. So, one of the cases for basic income that's recently been completed was the case for basic income and municipalities and that can be found on the Coalition Canada website. And that included work by councillors and mayors across or deputy mayors across the country…And other studies that are coming out, one that will be coming out in the very near future, are looking at things like what is the economic impact of a basic income…What social benefits can you expect to occur as a result of a basic income, and how does that actually save the country money? So, for example, we know that a basic income has… We know that poverty causes people to get sick, basically. So, if you implement a basic income, there's going to be a reduction in the use of hospitals and the use of other primary healthcare facilities and that's gonna save the country money. So, there's studies that are going on now trying to calculate how much would be saved for that sort of a benefit. And there's other benefits as well…So, you know those sorts of studies that provide support for understanding that a basic income is affordable and needs to be done". – P15

In their engagement with the public and politicians, many of them encountered recurring concerns around cost and feasibility, as well as negative views towards those living in poverty. By educating the public, they hoped to change some of these misunderstandings of what a basic income is and its practicality as a policy tool. Through addressing these misconceptions, they also hoped to change societal perceptions around poverty and convince Canadians that it’s both necessary and feasible to reduce poverty through a basic income.

> “Well, as I said before, there's myths about basic income that need to be pushed back against. That it's too expensive, that it makes people stop working, that people won't wanna work, that it causes inflation, etcetera… And that there's also, you know, these long held beliefs about poverty and people who are living in poverty…there's people who believe that people living in poverty could work if, you know, if they weren't so lazy, that's one thing. And there's also a long-held tendency in our government to focus services upon what are viewed as the deserving poor and that's why you see initiatives to support children or initiatives to support single parents or initiatives to support people with disabilities. But people of working age who are deemed to be able to work, not so much. They're not that interested in those people because they have very negative views of who they are and why they're poor. So those sorts of myths about people living in poverty need to be pushed back against as well”. –P15
>
> “I think that people start to see more and more, is people think that if we give money to people that they are gonna be the loser. While the other people are gonna be the winner. And what you have to show them is no we’re all gonna be winners. That is the beauty of it. I mean, you can design a basic income in such a way that there will be losers. But that is a short-sighted basic income. And that's not what we advocate for.” - P12

Criticizing Current Systems

Criticisms of current systems was a running theme in each of the advocates' interviews, much like in the interviews with the women with disabilities. In the advocates' interviews, the problems inherent with income assistance underlaid much of the discussion and seemed to be a significant motivator for their advocacy work. They identified many of the same systemic problems that the women with disabilities had described in their lived experiences and they described how current income assistance programs kept recipients trapped in poverty. The advocates also identified the far-reaching impacts of poverty on both individual and societal levels. Like the women with disabilities, these advocates were frustrated with the brokenness of the systems and there was a palpable sense of anger over the social injustices they observed. P9 described government assistance as "absolutely abysmal", while P16 described it as "humiliating". As part of P16's justification for advocating for a basic income, she stated, "it's embarrassing that we support people on disability at such a low rate below the poverty line or a Market Basket". P13, an advocate with lived experience using income assistance, described in further detail the inadequacy of income assistance.

> "The income assistance systems that exist really right across the country are all inadequate in terms of meeting the needs of the people who live below the poverty line. Basically, with income assistance here, depending where you are and your personal family situation and whatever. You're either, your income is anywhere from 40 to 60% below the poverty line…So what that does, it effects people's ability to make choices in their lives that they might need to make in order to live a healthier life or what have you." – P13

Most of the participating women with disabilities experienced significant impacts on their well-being due to the deprivation imposed by income assistance. Being unable to afford necessities left most of the women experiencing some level of food and housing insecurity. This deprivation, in combination with a lack of an appropriate level of healthcare coverage, worsened their disabilities and led to additional preventable health conditions. The advocates confirmed the experiences of the participating women with disabilities as a systemic issue. They explained that income assistance rates in Nova Scotia fell far below the poverty line. They believed that allowing this level of severe poverty to continue had widespread impacts on the well-being of assistance recipients, limited their choices and ability to lead healthy lives, and would impact the health of our entire society.

> And you know, you could go on, you could talk about, you know, the people who live in poverty are likely to be food insecure, sometimes, extremely food insecure and that has an impact on physical health and mental health.” – P15
>
> “We'll make sure that you starve slowly, but that's it. Which, by the way, we do. We know that the life expectancy in those groups is a lot lower than the regular population. Except nobody will call it that.” – P12

Multiple advocates highlighted the connection between food insecurity and poverty, and the impact food insecurity has on well-being. This discussion echoed the stories of the women with disabilities, many of whom lived on limited food budgets. P12’s comment about “starving slowly” evoked P2’s story about hearing support workers discuss starving out vulnerable people, which highlighted the severity of the problems caused by income assistance. The advocates acknowledged that while there are other services available to bolster the support given by income assistance, these merely act as Band-Aids.

> “So sure, there's food banks, there's libraries basically acting as social workers and housing and plumbing for people. There's transit. I mean, people paying a fee and just riding the bus all day because it's warm”. –P16

As P16 described, these additional services did not replace an adequate income, they merely made circumstances slightly more tolerable. This problem was also highlighted by the women with disabilities, many of whom relied on secondary services to meet their needs. As both groups pointed out, foodbanks and libraries did not replace the need for an income that matched the actual cost of living in Nova Scotia. Living on income assistance severely limited recipient’s choices, which in turn impacted their well-being and ability to care for themselves.

> ″When you're economically disenfranchised, you know that takes away one aspect of agency to be able to do anything about these other problems.*”* – P9

The advocates reflected on how the limitations imposed by poverty impact individual agency and autonomy. As P9 observed, living in poverty limited individual agency and the ability to resolve problems. This observation reflected the lived experiences of the women with disabilities, who felt trapped by their circumstances and were limited personally and systematically in their ability to move forward. P16 described poverty as a “denial of joy”. Her comment reflected the restrictions that women with disabilities experienced in participating in society and living full, joyful lives. The women with disabilities alluded to this as well.

> “Cause there’s a lot of concerts around but I can't afford to go you know”. - P3

> “Like the stuff in life that I enjoyed while I was working, I don't have now”. – P8

Many of the women with disabilities described being constrained by the oppressive rules associated with income assistance. These constraints were also addressed by the advocates. Multiple advocates discussed how the rules and limitations imposed by income assistance made it difficult for recipients to participate in society or work towards future goals.

> “No, no, no, no. You have to sort of like, here’s rule #732 in the rulebook. You cannot do this, you know, unless you do this, you disqualify, you know. Or having, you know, having what? Aspirations or whatever the word is for going beyond what they think is good for you. You know, somehow you have no capacity to think on your own…Can you imagine you get 600 or $800 a month? Social assistance money? And you can't have a cell phone and you can't have Internet because you don't have the money for it. So you automatically cannot take part in society, finding jobs or like all that kind of crap. You know, that is associated with it.” – P12

As P12 described, the limitations created by assistance had wide-ranging consequences on individuals’ ability to participate in society, including finding new jobs. Participating in the workforce was a significant theme among both the advocates and the women with disabilities. In their critique of current systems, many of the advocates brought up oppressive views of work that affected how society treated people who were poor or who had disabilities, and the reality of work for people with disabilities.

> “Quite often for reasons of their working history or whatever, they’re not able to work or not able to find work”. – P13

This quote confirmed what many of the women with disabilities struggled with regarding employment, many of whom were unable to work due to discrimination, lack of accommodations, and personal limitations. The advocates did not discuss the systemic barriers, such as discrimination and lack of accommodations, that prevent people with disabilities from working. However, they did discuss the stigma against people who don't work, and the value that society placed on specific types of work.

> "But a) not everyone can work in a conventional way. B) work is not something always that generates a T4, so it sticks in my craw a little bit when people are super black and white about what work means… But, because of these puritanical, I keep saying that, I'm not sure it's the right word, but like because of these things that are just so linked to like work equals virtue, it's holding us back. That that notion of virtuous work being paid work, and it's kept women down. I mean, they've worked like dogs for generations and centuries, and their work is dismissed as women's work and housekeeping. And, you know, being a homemaker, homemaking oh, that's such an easy job"." – P16

P16's frustration around conventional views of work were evident, as she recognized the tension between societal expectations of engaging in paid work and the difficulties some face with working traditional jobs. She believed that these traditional views of work were oppressive, especially to women, and devalued the work of those who engage in caretaking or unpaid labour. Her statement reflected the realities of the women with disabilities, several of whom struggled to maintain employment but engaged in unpaid caretaking for friends and family members. Other advocates also brought up the barriers to work that income assistance placed on recipients.

> “The other thing that happens with people who have disabilities is for example they're getting income assistance for disabilities. And they see that there's something, that all of a sudden there's a job that comes up that they think that maybe they can do. They go and they try that job. If it works out great, but if it doesn't and they're not able to continue doing it and then they have to leave the job, then they get penalized when they try to go back onto income assistance again”. – P13

This statement mirrored the difficulties the women with disabilities experienced when attempting to work. Several of the women described being worse off after working due to restrictive rules that clawed back their earnings or cut them off entirely. Through the women’s stories and advocates’ discussions, there was a clear connection between society’s oppressive views of work and the oppressive nature of income assistance. These groups made clear that the administration of government income assistance reflected traditional beliefs about work; it does not recognize the value of unpaid labour nor does it acknowledge the systemic barriers that prevent women with disabilities from working. Instead those unable to work traditional jobs are punished by being kept trapped in poverty.

> “Income assistance to me is it’s a way of means of keeping people in poverty and it's rooted in shall we say 1700’s British upper class, sort of thinking. Totally outdated. I'm not sure if I got the right person that I'm being quoting, but I think Thomas Moore was probably in the 1600s. When the British started to hang people and so on for stealing. And he was visiting one of the hot shots in the government and they were just hanging 10 people that week and Thomas Moore

> asked why? Why are you doing that? He said, well, to teach them a lesson and he said, well, you know, say, like, how many did you hang last week? 10. And the week before that? 10. He said, well, doesn't seem like it's you know. So you would be better off not hanging them. And then I think that was already then the fallacy of imposing, you know like the idea that well, punishing and being mean-spirited etcetera will help the other people…And meanwhile you keep the things that are the common good away from them. And again if you look at the 16th century, these are people who would be poaching on estate land you know or would be fishing in rivers that belonged to the lord and so on. And just to eke out a living. And so then this whole idea of poor houses when you couldn't pay your debt you know you would be put in a poor house. I mean all these things were very punitive based policies that that have never worked and we're still using them in terms of income assistance where we think people have to live on $800 a month or $600 a month, you know, like it's insane." – P12

According to P12, the current structure of government income assistance reflected a centuries old belief that those living in poverty are inferior and should be punished. Rather than lifting them up, current systems punished them for their poverty, and in so doing, kept them trapped in place. His statement resonated with the stories of the women with disabilities, whose lives were made worse by the systems meant to help them. Among the women with disabilities, punishment for their poverty and disabilities was a recurring theme, and their punishment often came from the systems meant to provide support.

These advocates recognized the systemic problems associated with current government assistance systems, but they also explained how difficult these systems were to change. From their perspective, this difficulty came from entrenched conservative ideologies that believed punishment will solve poverty, as well as the unwillingness of those with power and wealth to enact change.

> "Leaving it to the rich to solve the problems of that low-income level is not gonna work. If anything they see, very simple, cheap labour…like, politicians do not necessarily like to do it because they like to sort of cater to their audience and their audience is 85 % of them are not people living in poverty. And the people living in poverty don't have a voice. But the third reason why nothing has changed is because of the immense influence of the one percenters. You know, the ultra-rich will spend zillions of dollars on influencing the politicians to sort of get them to make sure that their cheap source of labour does not dry up or does not become empowered…And it's not just cheap labour which is financially great for them, but it is empowerment of that particular class. And if people start to feel that they belong to society, they might start to vote. You know, people in poverty don't vote in general".

P12 believed that keeping people in poverty ensured that they would be disempowered, voiceless, and easy to manipulate. In his opinion, this benefited the rich, specifically corporations, as it allowed them to exploit the poor for cheap labour. According to advocates, the poverty that assistance recipients faced was not just the result of indifference by the wealthy and powerful, it was purposeful, meant to keep individuals disempowered and desperate. This discussion reflected the beliefs of some of the women with disabilities, who described feeling that their mistreatment was purposeful on the part of government.

Among the advocates, there was a strong sense of injustice regarding current systems and the treatment of poverty in Canada. They believed that incremental change was not enough to address the challenges experienced by vulnerable populations. To really change people's lives and lift vulnerable people up, they believed that Canada needed to implement something entirely new, a Basic Income.

Recognizing Strengths

> "I think there's more dignity in it. I think there's more autonomy in it. There's less oversight. And not and I say that in a good way. I don't mean it's sloppy or unregulated, I just mean that kind of puritanical colonial, like work equals purity kind of thing, isn't there. And that's another thing about work. Like, it honors unpaid work better than other systems." – P16
>
> "Basic income will at least give people a lot more of a human dignity" – P12

These statements reflected one of the main reasons for why most of the advocates supported basic income. They believed that replacing income assistance with a basic income would provide individuals with far more dignity. This is especially pertinent given that many of the women with disabilities described feeling a deep sense of shame for living on assistance. As these advocates noted, providing an adequate income with fewer restrictions would give individuals greater autonomy and dignity, and potentially reduce the shame associated with income assistance.

The advocates believed that a basic income that could meet individuals' needs without demanding they prove they are worthy of help, is a far more humane approach that would significantly improve quality of life.

> "It is going to ensure that people, most people, almost all people I hope would have their basic needs met and that would substantially reduce stress, reduce physical and mental health issues and improve well-being". – P15

This statement matched what one of the women with disabilities said when asked about how she thought having a basic income would impact her life.

> "It would help to not to be so sneaky. Wouldn't get money under the table…it means that I could take myself out and treat myself to like fish and chips, or that subway…Ohh I wouldn't have to worry about being cold". – P18

As this participant described, having an adequate income would allow her the dignity of meeting her needs and having small pleasures without the shame of feeling that she was sneaking around to survive. Most of the advocates also believed that a basic income could empower individuals to make meaningful contributions and live up to their potential.

> "Like level the playing field by allowing the people that have historically had to do those bad jobs, to go to school and find their potential and do things that maybe are more meaningful. That's such a better use of humans". – P14

> "You know, we need to do things that enable people into the workforce but also enable people not just in the workforce in the traditional workforce, but also enable people to pursue their own, their occupations, whether that be community work, volunteer work, parenting, elder care. So it's not just work as in like,

> salaried or waged work. It's also just, I mean more occupation, like whatever it is that people do and see value in that". – P9

Through providing a basic income, advocates believed that individuals would have the opportunity to redirect their energy into contributing to society in ways that would be meaningful to them. Several of the women with disabilities already engaged in unpaid caretaking or part-time work. According to advocates, providing adequate income would allow individuals to engage meaningfully with their communities and work to the level they are able while still meeting their needs. It could also give those who do want to work the resources to seek out additional training and education. The advocates also believed that a basic income would remove barriers around receiving assistance.

> "Another factor that comes into play is income assistance programs and a lot of other government assistance programs, are, they have, a lot of entry requirements. For example, if you quit your job or you just for some reason you lose your where its quote UN quote your fault. You can find yourself unable to obtain those forms of assistance. When we talk about a basic income, it's not based on any kind of judgment of why you're poor. You're poor, and therefore you're entitled to this money…Generally speaking, those programs are very limited because you have to continually, you have to prove that you're disabled in a certain way. It's very specific terms as to what you have to meet and where a basic income would help is that basic income, gives everybody an adequate income, it doesn't really matter what is the nature of your disability". – P13

According to P13, the existing eligibility criteria could leave individuals without the support they need. Several of the women with disabilities described being left stranded without support due to the strict rules imposed by government income assistance. They described having to fight to receive assistance or being kicked off for not following strict requirements. According to advocates, since a basic income has fewer eligibility requirements, it would make it simpler to get help as well as reduce the need to continuously prove eligibility. For individuals who fluctuate in their capacity to work, as some of the women with disabilities experienced, advocates explained that a basic income would provide them with greater flexibility to work when they are able without fear of being stranded when their circumstances change abruptly.

As some of the advocates suggested, a basic income could also replace the patchwork of current federal and provincial income assistance programs, which would reduce the need to apply for multiple programs.

> "Instead of having to like figure out how to apply to like a million different programs and try and get money out of like spending so much time trying to put all these different little pockets of money together". – P14

Many of the women with disabilities struggled with navigating the systems and finding information regarding what supports and programs they were eligible for. According to advocates, having a basic income would reduce the amount of time individuals need to spend gathering information and navigating the system.

Advocates also believed that a basic income would step outside of current puritanical views of work that punish individuals who can't maintain employment, for whatever reason that may be.

> "I think what people start to worry if you give them money, they're just gonna be lazy and do nothing. You know that's not true. You know, some people will have

> the inclination to step out of society and do what they want to do without anyone telling them what the structure is on which they will work and that percentage. You cannot beat it out of them. You cannot starve it out of them. That percentage will always be there are, you know, say and giving people money will not change that percentage.. I mean we can see that with the meagre system that they have. There are still, you know, maybe 15% or so of the people who say, I'm not going to look for work, you know? I'm gonna tinker in my backyard, you know, say, like, get out of my life… What basic income, what CERB really showed is you can be unemployed for no fault of your own. And that is where 70% of the people on income assistance are. They are unemployed for no fault of their own because I don't know, there are no jobs or no jobs for them or they have mental health problems or they have disability problems or they have recurring, you know". – P12

According to P12, there will always be people who will be unable to work, or unable to work full-time. Whether that's due to external circumstances outside of someone's control or an unwillingness to work, advocates felt that a basic income would provide support without judgement. It would also provide recognition that individuals deserve dignity regardless of their circumstances. They asserted that a basic income does not try to change people or force them to fit within a set societal mold. Instead, it would allow for individual differences and provide a way to lift the majority out of poverty, regardless of why they are experiencing poverty in the first place.

> "Basic income, if it's implemented correctly, would for the most part, eliminate poverty". – P15

By reducing poverty and improving ease of access to support, advocates also believed that a basic income has the potential to address health inequities in Canada. P9, an advocate who specialized in nutrition, and P14, an advocate who worked in public health highlighted the connection between poverty and health.

> “with respect to health, income is the biggest single predictor of health outcomes”. – P9

> “I work in public health and the root of public health, like so many of the frameworks and all of the theoretical knowledge that we have says unless people's basic needs are being met. They're not gonna be healthy… from a public health perspective, it's really important that we start focusing on population health opposed to initiatives that rely on the individual. And the base of that foundation comes down to income and whether you have the financial resources to get the things that you need”. –P14

Many of the women with disabilities struggled to support themselves and care for their health on income assistance, which led to declining health. As these advocates pointed out, the health inequities these women experienced were directly tied to the poverty they experienced. While these inequities might be felt at an individual level, the advocates emphasized that health inequities related to poverty need to be recognized as a public health issue. They believed that individual level interventions were not sufficient to address the health of those living in poverty. Instead, these health disparities needed to be addressed through population level interventions such as poverty reduction. Through reducing poverty, advocates claimed that a basic income could address some of these health inequities at a systemic level and potentially reduce the burden on the healthcare system.

> "So, if you implement a basic income, there's going to be a reduction in the use of hospitals and the use of other primary healthcare facilities…And so, if you can expect that sort of reduction and the reduction was because mental health improved in the people receiving a basic income, so they weren't going to hospitals or having doctor visits to try to deal with mental health problems. It was because there was less violent harm being done to people and that probably goes back to a reduction in stress and so less domestic abuse." – P15

In this quote, P15 is referring to the reduction in healthcare utilization seen during the MINCOME experiment. According to P15, a system that enacts less harm on its recipients through less oppressive oversight and providing an income that reaches the poverty line could improve recipients' physical and mental well-being. In addition, she brought up domestic abuse as being connected to the stress and deprivation of poverty. Living in poverty can put women at greater risk of experiencing violence and can make it harder to leave abusive situations.

> "But, I tell you, what haunts me is the woman staying in a relationship that's abusive because they're not economically able to be independent, that really upsets me for that person, typically a woman". – P16

> "Women who are in relationships that are abusive, a basic income would give them the ability to leave that relationship and not fall deeply into poverty or even more deeply into poverty". – P15

P15 and P16 explicitly acknowledged the vulnerability of women living in poverty. This vulnerability was apparent in the stories of the women with disabilities, many of whom were more vulnerable to abuse due to their circumstances, and experienced violence and trauma as a result. As P16 discussed, living in poverty can increase the risk of experiencing violence and remove the ability to escape. Some of the advocates felt that a basic income could potentially remove one of the risk factors for experiencing violence, especially domestic violence, as it would provide financial independence to vulnerable women. From these statements, it was clear that the advocates felt that there were significant, individual benefits that could be directly associated with reducing poverty. However, in their interviews, they also discussed some of the indirect, societal benefits that they believed would occur with the introduction of a basic income.

> "One of the beauties of it is that all of the government resources right now that are dedicated towards gatekeeping on income assistance or on Canada pension disability or whatever could be refocused on services for people with mental illness or people with addictions or, you know, things like that, which we don't have enough of." – P13
>
> "I think of basic income as something that I think would prevent incarceration…I think of basic income really as that advocacy as well, because I think a lot of people who are involved in the criminal justice system are people who are desperate and if they had a better foundation and more financial support would probably be less likely to do things that put them in jail so." – P14

The advocates believed that providing a basic income would require significantly less gatekeeping and bureaucracy. As a result, they felt that resources that currently go towards maintaining income assistance programs could potentially be redirected. They also suggested that a basic income could indirectly reduce spending in areas such as the criminal justice system, by reducing crimes related to poverty.

> “You know, the fact is giving people money will actually save you money if you can keep them out of poverty because poverty cost me money. You know what I mean? So I can be very self centered in terms of saying get people out of poverty because it's not only good for them, it's good for me too. Will this get them to work or not work. I don't know. You know, the evidence is there that if you provide people means to live a dignified, reasonable life without the daily stress that they are more capable of finding jobs and becoming contributors. So that's where I come from, you know. Say like it's this notion of we can't give people money because they only will become lazy is nonsense, its total nonsense. Like people, and particularly I think younger people, if they get the opportunity to see that things are possible for them; they will make commitments that are longer term…[in the Netherlands] They gave them the money and they said you're on your own. That group did better in terms of finding jobs and career progress than the group that was getting the money and the support group. So acknowledging that people are capable to decide for themselves what is good for them came out of that experiment as being the best way to do it. And that's why we're going off of unconditional income, you know, give them the money and get out of the way. – P12

As P12 stated, “getting out of people’s way” by giving them money to decide for themselves ultimately benefits both society and individuals, as it gives people the autonomy to contribute meaningfully and make long-term plans. As he pointed out, allowing poverty to continue is its own expense.

Acknowledging Limitations

While the advocates whole-heartedly believed that a basic income would be the most efficient and effective solution to poverty, the women with disabilities were more skeptical.

> “They have bills and they’ll have more money taken off of their paychecks. To do something like this it's gonna hurt everybody. It’s gonna help a few. Where's this money gonna come from? And what happens if they put this into place (pause) and it's still not enough for people to live on. Well, like I said, two-bedroom apartments are over $2000 now. How do they expect people to live off even 2000?... So, you're still looked at low housing just because of that income, like I gotta look at, well, how does it? So, it’s not going to fix the low housing issue”. – P5

> “Yeah, cause I don't just want a tax handout because I'm worried at the cost. Where is that gonna come out and how sustainable is that? So I'd rather have it make sense and add up”. – P2

When they were asked about basic income, the women with disabilities were more skeptical than the advocates and tended to express concern over whether a basic income was the appropriate solution for the poverty they faced. They also highlighted limitations, such as the lack of affordable housing, that would make a basic income less effective. In contrast, the advocates were certain that a basic income would be a net positive. Despite the optimism of the advocates, they were aware of its limitations.

> "It will take a long, long time to heal the damage that poverty has done. There's even an intergenerational effect". – P13

While a basic income would raise individuals to a higher standard of living than current government assistance, P13 recognized that it does not resolve the damage caused by long-term poverty in Canada. As multiple advocates pointed out, basic income is not a "panacea" or a "silver bullet" to solve all problems, nor does reducing poverty address the other ongoing social issues in Canada or Nova Scotia. As such, the advocates stressed that a basic income should not be considered a replacement for other social programs and services outside of income assistance. Rather, they emphasized that it should be implemented as part of a comprehensive set of supports and services.

> "We need better everything, better jobs, better policy, strengthened unions". – P9

> "Well, I think the big change, the big concern around basic income is you need to make sure that governments don't use it to replace other existing government services. Such as health care. Such as education… Like there would be people, to give an example, who have different kinds of addiction problems who would still need, for example, to have a trustee help and in order to, just because they're getting more money, doesn't mean they're not in need of some assistance in managing that in some cases". – P13

> "But the medical system doesn't provide dental care for everybody. It doesn't provide Pharmacare for everybody, and those are things that could really improve the medical system. Along with implementing a basic income. So that's just one

> example. There's, you know, we talked about housing, health, mental health services could be dramatically improved from what they are currently in terms of access and supports that are provided." – P15

These advocates explained that the social safety net would need to be strengthened in other areas. They also described the need for policies to be put in place that would prevent others from taking advantage of a basic income.

> "It would be important to implement a basic income and many people who get a basic income improve their housing circumstances with a basic income. But it's also important to grow the affordable housing sectors in society. And to pass laws like the law that was passed here in Nova Scotia by the Conservative government to prevent people from raising rents exorbitantly just because they could." – P15

Advocates believed it would be important to have protective policies in place to prevent landlords or employers from taking advantage of basic income to justify raising rents or lowering wages, as that would effectively remove the societal benefit of a basic income. Some of the advocates also recognized that a basic income is still a relatively low amount, as it falls somewhere around the poverty line depending on the province.

> "If I was unable to work, I wouldn't be able to live on basic income as a single parent like where would I live like $24000, a year as a single parent. I just couldn't imagine". – P9

> Is that enough? No. Because depending on your level of disability you will need a lot more". – P12

As these participants observed, a basic income would bring individuals closer to the poverty line, but depending on individual circumstance, such as single parenthood or severity of disability, it may not be enough to cover cost of living. As the women with disabilities mentioned, there were additional costs associated with having a disability, such as needing additional medical care or accessible apartments. To address the costs of having a disability, some advocates discussed the need to implement an additional disability amount to ensure people with disabilities would be properly supported.

> “Because one of the challenges of doing a disability income, it goes back to what I said earlier is then you have to have some way of determining who's disabled. You have to have some criteria and you have to have… somebody has to be a gatekeeper”. – P12

As P12 explained, while a basic income may not be enough, introducing an additional disability benefit leads to the problem of how to administer it, as it would require some form of gatekeeping.

There also other limitations and considerations regarding other vulnerable groups in Canada. For instance, as one advocate brought up, there is also a need to recognize Indigenous sovereignty.

> The other thing on that you didn't talk about, but that I think I should mention is that the sovereignty of Indigenous people in Canada has to be recognized…And as I said before, you can't generalize across Indigenous communities. You know, Inuit needs and relationships with the federal government are different from First Nation’s needs”. – P15

As these advocates explained, a Basic Income is not a catchall solution. For there to be systemic change, they believed that a Basic Income would need to be implemented as just one component of a broader set of inclusive social programs and policies.

Encountering Resistance

Although there are limitations to basic income, according to advocates the benefits significantly outweigh the costs. They believed that implementing a basic income could reduce poverty and in turn cause a ripple effect of individual and societal benefits. This would include improved health equity as well as greater autonomy, dignity, and equal participation for marginalized populations. Despite these stated benefits, the advocates encountered noticeable resistance to the idea of a basic income. While some of this resistance came from a lack of understanding, financial concerns, or the difficulties of changing the status quo, a large portion of the resistance seemed to be more emotional than logical. The advocates found that the greatest resistance came from those ideologically opposed to the notion of giving money to those living in poverty.

When possible, advocates attempted to educate the public when they came across these points of resistance. One of the common worries that the advocates encountered and tried to educate individuals on was the feasibility of a basic income.

> "The challenge comes a lot of the times when we get to the point where people become, as I say, concerned cause they wonder where the money's gonna come from or how it's gonna be funded or that kind of thing". – P13

As P13 found, some people were cautious, and expressed concern with how affordable it would be. In a similar vein, others expressed concern over how it would affect the economy and individuals' desire to work.

> "But the issues that people worry about are pretty common across the province and across Canada so. So there's a number of things that are brought up. One is

> OK, we don't want a basic income to lead people to stop working because that would hurt our local businesses". – P15

These were common worries that could be addressed through evidence and education, and much of their advocacy centered around sharing the evidence that showed that basic income is both affordable and beneficial for the economy. P15 explained one of her common talking points that she used to address these concerns.

> "The research shows that there's only a small subset of people who do stop working, and they do so for very good reasons, because they need to care for people at home or because they want to either continue their schooling or go back to school. And there's some research to suggest that actually a basic income could increase engagement in the workforce". – P15

While financial and economic concerns could be assuaged through evidence from pilot and feasibility studies, it was far harder to convince those who were ideologically opposed. The advocates discussed how conservative ideologies and negative attitudes towards the poor kept people resistant to idea of a basic income and its benefits. In their statements, the advocates made it clear that the pervasive attitudes around poverty that guide our current income assistance policies are the same ones that make it so difficult to convince the public that a basic income is worthwhile.

> "Conservative thinking really still thinks we should keep people on social assistance because they're lazy and they don't deserve any better, you know? And if we just make it miserable for them, they will learn a lesson." - P12

> "So that's why, like the unexpected things that I get into when I talk about basic income are huge centuries old concepts I think that are so engrained in capitalism

> and colonialism and racism to be honest. That they're almost endemic a little bit like, you know, people just don't really know why they think that, but they just do. It's just some prejudices about people living in poverty. I think that's, the pushback is the work thing, because for a lot of people work equals virtue and that's not, it's much more nuanced than that…it's just almost like a calcified notion that has become so hard. It's like, you know, it's like a beetle's back. It's just shiny and hard. And like Bing Bing. You can't get through it" – P16
>
> "it's like, oh, no, we can't give those people money because you know they're going to spend it on cigarettes and beer or something like that, something ridiculous like that…This idea that you know again, people who don't have money, don't have sufficient money, enough money to live, that is the result of their bad choices or their irresponsible living. Or, you know, that they're somehow fundamentally irresponsible or bad people that can't be trusted. So, I think there's a lot of that" – P9

The negative attitudes towards the poor that the advocates encountered mirrored the stigma women with disabilities faced in their daily lives. These types of attitudes were, as P15 phrased it, "entrenched in our society". According to the advocates, those who hold these attitudes considered individuals living in poverty to be somehow worse people whose circumstances were a result of their own poor decisions. As they described, this attitude views people who need help as underserving or lazy, which can create barriers for individuals trying to access support. This negative view of poverty that advocates described was reflected in the discrimination many of the women with disabilities experienced for relying on assistance. As the advocates noted, the resistance they encountered that was built on these ideologies was far harder to counter than resistance that came from more pragmatic concerns.

> “I think there's some people of course, that you're never gonna convince. People like Poilievre who's the head of the conservatives, the federal conservatives, right now, would be one of those people”. – P15

P9 made a very similar statement, as she believed it was far harder to address the resistance that came from an emotional place.

> “And sometimes those two things also aren't totally separable. You know, I think when you are ideologically oriented to having those judgments and those ideas about poor people, any education that you have encountered is not going to register with you... I think, you know, it's about a lack of education, but you have to break down that ideological position, which is way harder, like the hearts and minds is way harder than just the minds part”. - P9

Along with changing hearts and minds, the advocates also faced the challenge that came with trying to change the status quo. They described how fear of change, bureaucratic slowness and the nature of our political cycle are all additional barriers that they came up against when trying to advocate for systemic changes.

> “I think some pragmatic things like, you know, the election cycle is every four years and something like basic income is a long game”. – P9

> “You know, one is, it is the bureaucracy that is you know it's like simply harnessed in a system that they cannot easily, you know what the systems like, is tinkering around the edges. Not throwing one thing away and replacing it with

> something else. That's not what bureaucrats like, because that really is dangerous to their positions if it fails. If it fails, they gonna get the axe". – P12

As these advocates described, despite the benefits they believed a basic income could bring, they still faced significant resistance from the public and politicians in their advocacy work. Part of this resistance came from concerns regarding affordability and impacts on the economy, which could be addressed through evidence-based research and education. However, the resistance that came from entrenched ideologies that view people living in poverty negatively was far harder to reason against. Lastly, the realities of bureaucracy and the political cycle have made it difficult to change the status quo, as politicians have been shown to be reluctant to enact change that may be initially unpopular or that have more long-term effects than short-term.

The Way Forward

Although progress has been slow at times, and changing people's minds can be a challenging process, the advocates were optimistic for the future of basic income. Most of them described seeing progress, especially within the past few years, as anti-poverty awareness has grown, and interest in basic income has risen. There has also been growing political support at all levels of government.

> "Ohh man. Yes, I absolutely have and so I'm gonna become very animated now and use my arms. It's so energizing to hear it spoken about now…to hear poverty talked about even or like food banks or transit issues or housing issues, health care access issues, like now we're talking about paying for health care. That's gonna be a barrier for a lot of people. So you know it is like the middle of a Venn diagram that just keeps being talked about and all these bubbles just all I can think

> is man, you know what would help with that bubble suffering and that bubble suffering and that bubble suffering and that bubble suffering? Look right in the middle, it's basic income. So, it's heartening to hear it talked about." – P16

Despite the ideological resistance the advocates observed, they also believed that the growing awareness of social issues suggested that mainstream societal viewpoints towards poverty were shifting. Advocates also observed that there has been significant growth in the political support given to basic income in recent years. This political support has occurred at municipal, regional, and national levels.

> "Coalition Canada is focusing attention on encouraging municipalities across Canada to pass resolutions in support of a basic income, and Halifax was the second City to pass a resolution and other cities are following suit, both within Nova Scotia and the larger region and then across Canada". – P15

Although a basic income would likely need to be federally implemented, the advocates agreed that having the support of the municipalities gives a stronger voice to public support for a basic income.

> "I really do think shit rolls downhill, so a lot of municipalities are on the ground, living with the reality of people in their communities living in poverty and how that shapes the community". – P16

They also noted growing interest at a provincial level. Within the last few years, multiple provinces have set up committees to explore the feasibility of a basic income, and several provinces have also implemented basic incomes for portions of their populations.

> "So, there's that, that's going on as well, which is very exciting. Newfoundland just created an all-party committee to look at basic income and how it might be

> implemented in Newfoundland... in Nunavut, as I said, there's an all-party or there's a committee that’s talking about how basic income might work in Nunavut and that 80% of the population or more, 85% of the population is indigenous… And so, I'm quite hopeful actually. I think the time is now.” –P15
>
> “Youth aging out of care are receiving a basic income or something like a basic income. Now the two provinces have implemented it somewhat differently, and I think Newfoundland's implementation impacts more, a higher percentage of that population and does so more generously than BC's implementation. But, you know both moves are good moves obviously, because they help people.” – P12

There has also been growing movement at the national level to pass bills to develop a basic income framework.

> “There have been letters signed by more than 50 senators supporting a basic income. There's a bill, a private members bill in the House right now that Leah Gazan has brought forward, asking the federal government to develop a framework for implementing a basic income. The same bill has been presented in the Senate by Senator Kim Pate”. – P15

As one advocate described, there was already evidence to show that a basic income would be effective, such as the pilots in Ontario and Manitoba. What was needed was a study to convince politicians of the feasibility of a basic income from an administrative viewpoint.

> “Everyone knows it works, or at least those people that have read the data that is, you know the pilot data that's already been collected around the world for decades. So, what we're advocating for and what we have been advocating for is

> not a study to determine whether or not it works. Our position on that is we already know from the data that it works and it's effective. So what we are advocating for is a feasibility study, so not a should we do it, but how do we do it? Like how do we make this possible from an administrative perspective but also from a financial perspective." – P9

> "So over the past 18 months, there's been a group of economists, politicians and advocates in PEI. Developing what they're calling a demonstration project, a 5 to 7 year, describing a demonstration project and showing how that project could be implemented, how it could be funded in a feasible way and even under the constraints of you know, being a single province creating a basic income. So that work is just at the point where it's going to be released and hopefully that will provide the impetus for the federal government to engage and create a province wide basic income in PEI and then the hope is that, one it will, there's an evaluation component to the project proposal and it will be able to show the impacts of a basic income province wide but also help to modify the model to make it more effective over time as they collect data on it. But also, the hope is that it's going to become if it's implemented, it would become the impetus for other provinces pushing for their own basic income and eventually a Canada-wide basic income". – P15

As P15 explained, having a project implemented in PEI could drive progress within other provinces, and eventually even at a federal level. While the federal government may not be ready for a basic income, they were aware of the efforts being made by advocacy groups.

> “we said does the Prime Minister's office even know about us? And the answer was utterly amazing. It was sort of like both of them were going like ohh believe me, they know about you. Say like you have been on the shall we say the radar? And that was sort of amazing news because we have, what do you call it? There has been no indication, except from people saying, well, the Prime Minister is not against it. He doesn't think the time is right”. – P12

In addition, while a broad-based federal basic income may not be implemented any time soon, there was still momentum and incremental change occurring.

> “And so there's a lot of momentum right now at the federal level, I think. And that I think is bolstered by the fact that the federal government while not engaging with a broad-based basic income has just passed unanimously Bill C22 which is calling for the development of a basic income for people with disabilities or would require the development and implementation of a basic income for people with disabilities”. – P15

Although this was not the same as a full basic income, as P15 stated, “it's wonderful. I mean, some of the neediest people in our society are going to be helped”. It also indicated a growing awareness of the need for additional income support for vulnerable populations and a willingness to implement change.

Conclusion

The discussions with the advocates from Basic Income Nova Scotia validated many of the experiences of the women with disabilities, while providing context to the systemic issues faced by these women. Advocates described how the current government income assistance systems were broken, and incremental change was likely not enough to enact tangible change in the lives of women with disabilities living on assistance. For the advocates, a basic income represented a potential way forward to address the insufficiencies of current income assistance systems and reduce the impacts of poverty. They believed that a basic income could improve the dignity, autonomy, and well-being of those in poverty, and reduce the expenses associated with poverty, including the burden on healthcare. However, advocates noted that reducing poverty will not solve every problem, and there was still a need for a comprehensive social safety net. Although they still encountered resistance to the idea of a basic income, advocates have noticed growing support in recent years as the public becomes more aware of social issues related to poverty. Additionally, there has been momentum at all levels of government as a growing number of politicians have voiced their support and acted. While there was likely a lot of work left to be done, the advocates were optimistic about the possibility of seeing a basic income implemented and the good it could do in Nova Scotia and across the country.

Chapter 6: Discussion

The purpose of this thesis was to explore the experiences of women with disabilities on income assistance and examine how a GLI could impact women with disabilities in Nova Scotia compared to current income assistance programs. After analyzing the data from both groups of participants, a theory began to develop regarding the impact of a GLI in the lives of women with disabilities. This emerging theory is that the implementation of a GLI would provide some relief from the hardships women with disabilities in Nova Scotia experience and reduce health disparities by providing them with the resources to better care for their health and well-being, while eliminating some of the more dehumanizing aspects of the current income assistance system. However, a GLI does not directly address the deep-rooted prejudices and negative attitudes that these participants experience due to their disabilities and poverty, nor does it address some of their other practical concerns regarding housing, healthcare and employment. To fully address the needs of women with disabilities would require both a shift in societal values and an intentional redirection of resources. However, while a GLI is not an all-encompassing solution, it does represent a step forwards towards a more just and equitable society.

This theory is well supported by the findings from both groups' interviews, as well as supporting data from the existing literature. The interviews with the women with disabilities highlighted how inadequate income assistance is in Nova Scotia and showcased the limited support available for them. The limited support they received magnified the everyday challenges associated with having a disability. While many of the women experienced limitations in working, the majority felt they would have been able to go back to work with the appropriate supports, such as employment training or mental health counselling. Although they could identify the types of support most helpful to them, the majority were unable to access the supports they needed, leaving them reliant on income assistance. Since the income provided by income assistance is far below the cost of living in Halifax, many of the participants experienced significant food and housing insecurity. They stretched food budgets to survive off the bare minimum, lived in substandard housing or rough, and gave up basic dignities such as hygiene products to afford other necessities.

The deprivation they faced impacted their well-being in a multitude of ways. Several participants indicated that they struggled with affording groceries and proper nutrition, going hungry or relying on limited food options. Due to their low incomes and a lack of affordable housing, many of the participants also struggled to afford rent. Several of the participants emphasized the looming threat of eviction they faced and several others had experienced homelessness in the past. The housing insecurity they experienced created significant stress and at times forced them to accept substandard or inaccessible housing, which caused harm to their well-being or exacerbated pre-existing conditions.

Their declining health was further aggravated by the inadequacy of the pharmacare provided by government income assistance. Many women described "gatekeeping" from pharmacare that left them unable to get approval for necessary medical treatments, such as one woman who described being denied physiotherapy to support recovery from a physical injury. Another participant could only get approval for pharmacare coverage of cataract surgery on one eye, despite needing it for both eyes.

This gatekeeping of healthcare coverage left several participants without the means to recover from injury or illness and struggling with declining health.

Income assistance was deeply inadequate for the needs of women with disabilities living in Halifax and the surrounding area and limited their choices and ability to care for themselves. These women were constrained not just by the poverty they were forced into, but by the confusing and restrictive rules they navigated as part of being on income assistance. Multiple participants described struggling to find information related to available supports or eligibility. Several also described receiving inaccurate or misleading information from caseworkers or being unable to get in contact with caseworkers. This difficulty in accessing information led to confusion around what they were eligible for, and in some cases led to accidentally breaking rules that got them removed from income assistance. Others described difficulty with rules that were too strict and kept them from earning or saving money. Participants described being forced to account for any additional money they had, even emergency savings, and one woman recounted being "kicked off" income assistance for working, despite her earnings being too low to cover her cost of living. These restrictions on earning or saving money kept many of the women from achieving financial independence and left them with a sense of powerlessness to solve their problems or change their life circumstances. Continuously coming up against barriers and a lack of support contributed to a feeling of devaluation and otherness, as some described feeling as though they "didn't matter".

Societal discrimination reinforced feelings of otherness and devaluation and contributed to the struggles they faced related to poverty and restrictive rules. Many described challenges in participating in the workforce, related to discriminatory hiring practices, bullying and harassment, and a lack of willingness to accommodate. The difficulties they experienced participating in the workforce contributed to the poverty they faced and led them back to their reliance on income assistance. In addition, several women described having applications rejected by landlords for living on assistance. The discrimination they faced from both employers and landlords created additional barriers to meeting their needs and finding safe, affordable housing that could support their well-being.

Along with the societal discrimination these women faced, they also experienced judgement from friends, family, and coworkers, which contributed to feelings of deep shame around their disabilities and reliance on income assistance. This also contributed to the othering and lack of social inclusion that they already experienced due to disability and poverty. For the women of this study, the discrimination, stigma, and poverty they faced became a cycle that punished them for having disabilities and left them trapped without a way forward.

As one woman described, income assistance was a “broken system”. Another participant likened it to an “abusive relationship”. The realities of income assistance left multiple women feeling traumatized as they were unable to access the support they needed, experienced ongoing deprivation, and were left feeling that the government was indifferent to their struggles and hoped they would “just disappear”. For many of the women, the trauma they faced from these broken systems was part of a larger story of ongoing trauma and abuse. Several of the women suffered from PTSD, and some had experienced significant abuse since childhood which contributed considerably to the difficulties they faced as adults. The vulnerability of being a woman with a disability living in poverty was highlighted in their stories. The majority had experienced some form of abuse as adults, including intimate partner violence, sexual assault, and sexual harassment. In many cases, the different forms of trauma they experienced had been left untreated, and as a result compounded, and the poverty they lived in made it difficult to recover or access the resources they needed to heal.

Despite the struggles they faced, these women remained resilient and had developed strategies that enabled them to survive despite the roadblocks they encountered and the indifference they experienced from formal supports. They relied on their community members, including family, friends, and informal support networks to meet their needs and access resources, including housing. They also engaged in their own informal caregiving, supporting others in their community and finding value in a society that chronically devalued and othered them.

The findings of this thesis magnified the intertwined nature of disability, poverty and employment. This finding is supported in other studies on disability and employment. In Hughes and Avoke's (2010) report on findings from the US Census Bureau, they acknowledge the role of disability as both cause and consequence of poverty. In Kimpson's (2021) report on guaranteed livable income (GLI), she documented the discrimination and lack of accommodation that women with disabilities in the workplace face that make it difficult to maintain consistent employment. The discriminatory attitudes towards disability that Kimpson described were reflected in the stories of the women of this study, most of whom struggled to acquire or maintain employment.

Like many women with disabilities across Canada, being unable to maintain employment and living on government assistance forced the women of this study into poverty. Other research has found that difficulty participating in the workforce has left many women with disabilities reliant on some form of government assistance in Canada, (Disabled Women's Network of Canada, 2014; Kimpson, 2021). Multiple studies have highlighted the resulting deep poverty that women with disabilities face when they rely on government income assistance in Canada (Burlock, 2017; Chouinard & Crooks, 2005; Forget & Owczar, 2021; Kimpson, 2021). Although provincial income assistance rates are well below the poverty line across the country, a report from the Canadian Centre for Policy Alternatives noted that not only does Nova Scotia have the highest provincial poverty rate in the country, it also has one of the lowest income assistance supports available (Laidley & Tabbara, 2023; Saulnier & Sawler, 2023). Their report found that a single person considered employable can only access 36% of the poverty line, while a person with a disability is provided with 48% of the poverty line. By living in Nova Scotia, the women of this study were likely living in some of the deepest levels of poverty in the country.

For most of the women in this study, living with a disability and struggling to find accommodating employment left them trapped in poverty. In turn, the deprivation they found themselves in greatly contributed to their poor physical health and declining mental health. This cycle of poverty and declining health is reflected in the work of Hughes and Avoke (2010), who used statistics from the US Census Bureau to illustrate how disability limited employment and income. They showed that living in poverty exposed individuals to unsafe environments and material insecurity, much like the participants of this study who lived in substandard homes and struggled to afford the basics. The negative impacts of food and housing insecurity on the health and well-being of this study's participants mirrored the results of Whittle et al's (2020) research on food-insecure women with chronic illness in the US. Both Whittle et al (2020) and Hughes and Avoke (2010) found that the poverty women with disabilities faced had detrimental effects on their health and were associated with a range of illnesses.

One of the running themes in the women with disabilities' stories was their vulnerability to experiences of violence, abuse, and trauma. Most of the women had experienced at least one instance of violence, and some had experienced multiple forms of abuse or violence throughout their lifetime. The trauma they experienced significantly impacted their health and in several cases appeared to be linked to their disabilities. Unfortunately, these experiences were not exclusive to the participants of this study. There is a significant body of research to suggest that women with disabilities are at a higher risk of experiencing emotional, physical, and sexual violence than women without disabilities (Curry et al., 2001; Hughes et al., 2012; Martin et al., 2006; Milberger et al., 2003; Nosek et al., 2001). A report released by Statistics Canada showed that women with disabilities were twice as likely to experience sexual assault or violent victimization compared to women without disabilities (Cotter, 2018).

In a study by Nosek et al. (2001), they examined the vulnerabilities of women with disabilities to different types of abuse. They found that disability served as an additional vulnerability factor that could be exploited by perpetrators to exert power and control. They stated that factors such as the societal devaluation of women with disabilities, being dependent on others for care, disabilities with cognitive impairments that make it harder for the victim to recognize abuse, and lack of economic independence may all place women with disabilities at a higher risk of experiencing abuse (Nosek et al., 2001). Some of these vulnerabilities are reflected in the women’s stories from this thesis. P18 struggled to leave an abusive marriage due to her financial dependence on her partner of the time. This story highlighted the vulnerability of having disabilities and living in poverty without a safety net.

In the work of Forget and Owczar (2021), one of their arguments for a guaranteed income was related to the link between violence and income insecurity. They stated that poverty isolates women, which in turn makes them more vulnerable to victimization. They also noted that experiencing violence can be extremely isolating, and can have significant impacts on the survivor’s well-being and economic status long after the abuse has ended (Forget & Owczar, 2021). This reflects the stories of the participants of this thesis, as the ongoing effects of trauma and PTSD impacted several participants’ abilities to maintain employment.

The experiences of this study’s participants emphasized the vulnerabilities that are inherent to living within multiple marginalized identities, as previous literature has indicated. Their disabilities, economic disadvantage, and the stigma they experienced made them susceptible to abuse from multiple sources, as they described instances of workplace sexual harassment and bullying, sexual assault and intimate partner violence, and parental abuse. In several cases, the trauma they experienced also seemed to be the instigating cause of their disability, or intensified pre-existing conditions, making them vulnerable to further instances of abuse and poverty. For instance, some of the women experienced PTSD, and one woman had a physical disability, due to the violence they had experienced. While their disability, income, and gender made the women with disabilities more vulnerable to abuse, their traumatic experiences further contributed to their poverty and poor health, in turn making them susceptible to additional abuse. Thus, the experiences of these women stress how heavily intertwined disability, poverty, and trauma can be. While there is less literature on the interconnected nature of trauma and disability, McNally et al. (2021) found that children and adults with intellectual disabilities were far more likely to experience adverse life events, childhood abuse, and traumatic events than the general population.

Several of the women also emphasized the punitive nature of income assistance, likening it to an abusive relationship that can be traumatizing to rely on. Similarly, the advocates also highlighted the punitive nature of the Nova Scotian income assistance program. Advocates attributed the oppressive administration of income assistance to archaic attitudes that believe that punishment and withholding of support will solve poverty by forcing inherently lazy people back into the workforce. Similarly, in Chouinard and Crooks (2010) investigation of women with disabilities' experiences with the Ontario Disability Support Program (ODSP), they attributed the restrictive nature of income assistance to neo-liberal political views of poverty and welfare. They asserted that there were lingering moral and ethical assumptions of who the "deserving poor" were, and that these beliefs influenced current policies and programs meant to help marginalized groups living in poverty. According to Chouinard and Crooks, this contributed to an oppressive administration of government assistance that disempowered recipients and impeded their lives and well-being.

Like the experiences of this study's participants, Chouinard and Crooks (2010) participants received income inadequate to cost of living, had trouble accessing information on their own, and encountered indifferent staff who provided inaccurate or misleading information. As a result, Chouinard and Crooks found that the women of their study were disempowered by the lack of information and help that they needed to be fully supported. Although their report focused on the provincial income assistance programs offered in Ontario, the end results were similar, with recipients in both provinces left disempowered and deprived of necessities.

In Kimpson's (2021) report on basic income, gender and disability, she reviewed income assistance across Canada and found common bureaucratic restrictions that significantly impacted women with disabilities' choices and ability to live their lives freely. Women with disabilities were forced to endure intrusions into their personal life via investigations and frequent review of income (surveillance), forced intimate self-disclosure, relentless stigma, clawbacks of earnings, and having to re-qualify for continued support for additional disability-related supports or for the benefit after leaving employment. She stated that along with the effects of living in poverty, these constraints significantly restricted women with disabilities' participation in the community and their social inclusion. Similarly, many of the women in this study discussed facing restrictive bureaucratic rules that limited their ability to work or build any kind of emergency savings. They were forced to account for any extra money they had and had to report regularly to prove they had not broken any rules.

Although previous studies have documented the oppressive administration of government income assistance programs, the stories from this study's participants magnified their sense of powerlessness. Participants experienced a deliberate silencing of their voices that seemed far more purposeful than was discussed in past studies. Several participants described being threatened by support workers for speaking out or criticizing the system. There was a significant undertone of fear from this study's participants that was less obvious in previous research, especially from participants who feared punishment from the system or believed they were being pushed into disappearing. One participant was so afraid of reprisal for speaking out about the injustices she had faced on income assistance that she decided to pull her data several days after she had given her interview. For her, the support of income assistance felt too tenuous to risk by speaking in an interview. Other women described fearing that they were being deliberately starved out or that the system wanted them to die. As one woman pointed out, this silencing of women's voices through intimidation and neglect is reminiscent of the abuse many had experienced in the past and was an additional act of violence towards an already traumatized group. The suppression of their voices also served to further marginalize and other them and left them powerless to change the systems that oppress them.

The punitive nature of income assistance effectively communicated to recipients that they were a lower class of people, leaving recipients feeling demeaned and demoralized (Whittle et al., 2020). Whittle et al (2020) found that the stigmatization recipients experienced from being on income assistance intersected with their different material-need insecurities, increasing the difficulties they faced in accessing necessities. They found that the prejudice participants experienced due to their disabilities and material-need insecurities also intersected with other marginalized identities, including race, gender, socioeconomic status and illness. The intersecting impacts of stigmatization and material-need insecurities had significant impacts on health, leading to worsening physical and mental health (Whittle et al., 2020). Similarly, multiple participants within this thesis study expressed feelings of shame, devaluation and being othered due to relying on income assistance. They also described greater difficulty accessing necessities such as housing due to income constraints and discriminatory attitudes towards those on income assistance.

This thesis highlighted the impact of living in multiple marginalized identities. Along with the discrimination they faced for their disabilities, socioeconomic status and reliance on income assistance, many of the women had to contend with gender-based discrimination and harassment. Additionally, the participants of this study who had intersecting physical disabilities and mental illnesses appeared to face greater levels of discrimination. The discrimination and deprivation they faced had significant implications on their health and well-being; many participants described feelings of depression and experienced declines in their physical health. Those who experienced multiple forms of disability appeared especially vulnerable to experiencing significant declines in both their mental and physical health as they continued to rely on income assistance.

This thesis study also provided more insight into the health inequity faced by income assistance recipients. While the poverty and discrimination participants faced had significant implications for their health, the gatekeeping of medical care coverage further cemented their health challenges and exacerbated pre-existing conditions. Multiple participants described being denied pharmacare coverage for the medical care they needed, even for treatments that should have been deemed necessary. This gatekeeping of medical care worsened the health inequity they faced and contributed to the downward spiral of their health, leaving them in an endless cycle of poverty and poor health that they couldn’t escape. There was less mention of medical care gatekeeping in other

Canadian literature on income assistance, but it is unclear if this is a gap in research or a feature specific to Nova Scotia.

The connection between income and health was also explored by several participants within the advocates group. They discussed the burden that poverty places on the healthcare system. As one advocate phrased it, allowing poverty to continue costs him money too. This was also addressed by the Canadian Centre for Policy Alternatives report on Nova Scotia. In their report they discussed how the cost of minimally helping people cope with poverty has a cost greater than helping lift people out of poverty (Saulnier & Sawler, 2023). Like the women with disabilities and the advocates described, Saulnier and Sawler emphasized in their report that living in poverty has a negative impact on mental and physical health and prevents people from reaching their full potential. They found that the cost of poverty in Nova Scotia was around $2 billion dollars a year, which included $204.8 million in additional healthcare costs. They believed that bold and significant action, like the temporary Canadian Emergency Response Benefit implemented during the pandemic, is what is needed to lift people out of poverty (Saulnier & Sawler, 2023).

According to advocates, a bold change, such as GLI, could lift people out of poverty and address the health inequities that currently exist in Nova Scotia. They also believed that a GLI could indirectly lead to a reduction in spending in other areas, such as the criminal justice system. The work of Calnitsky and Gonalons-Pons (2021) supported this, as their analysis of crime statistics and census socio-demographic data showed an association between MINCOME and a reduction in property crime and violent crime. Multiple studies also provided evidence that a GLI could address health inequities, especially among more disadvantaged groups. In a scoping review of basic income-like interventions in high-income countries, Gibson et al. (2020) found that implementing a basic income had positive effects on multiple health outcomes, and in several cases seemed to lead to reductions in crime. In addition, they found that basic income's effects on health often exceeded interventions that specifically targeted health outcomes, such as providing nutrition to low-income families. They believed that the positive effects on children's health and education could have long-term individual and societal impacts, including improved adult health and reduced mortality.

Ruckert et al. (2018), discussed the effects of a basic income by drawing on the findings of multiple pilots conducted worldwide. They discussed the disproportionate use of healthcare services from low-income groups compared to high-income groups, especially with regards to high-cost hospital expenditures. They found that basic income was associated with improved mental health, diminished occurrence of serious illness, and reduced utilization of healthcare services, suggesting that health improved among targeted low-income groups. In addition, they noted that housing security also improved, which can be indirectly associated with better health and improved access to health services. In view of these findings, Ruckert et al. assert that a basic income should be defined by the monetary resources needed to live a healthy and fulfilling life. However, like the advocates discussed, they stated that a basic income should be accompanied by other policies necessary to uphold income redistribution, and carefully uphold wage and labour standards after implementation to avoid perpetuation of negative health equities (Ruckert et al., 2018).

In their book, Radical Trust, Forget and Owczar (2021), agreed that reforming current systems was not enough to ensure equity for people with disabilities. As they described, people with disabilities were living on the bare minimum, and many didn't qualify for additional federal benefits. They believed that providing a basic income would eliminate some of the current challenges and barriers associated with income assistance, and "liberate people's soul" (Forget & Owczar, 2021, p. 98). However, like the advocates, they also emphasized how basic income was not a replacement for other benefits or publicly funded services such as access to pharmacare, assistive devices, or other essential services. They also stated that pharmacare would be much more equitable if it was provided through the healthcare system, or linked to income level. This would allow people with disabilities to work without fearing losing their access to pharmacare coverage and other health benefits.

According to Forget and Owczar (2021), one of the biggest reasons women stayed in violent relationships was because poverty limited their ability to leave. They stated that income insecurity was a barrier to leaving, and created significant challenges in finding safe, affordable housing. Additionally, they stated that experiencing abuse created barriers to re-entering the workforce, as the lingering impacts of abuse on mental and physical health can impede participation in the workforce. Given that disability is an additional source of vulnerability for abuse and heavily linked to poverty, it seemed likely that poverty would be a significant barrier for women with disabilities attempting to leave abusive situations. This can be seen in the case of P18, who married to avoid living in poverty and ended up in an abusive marriage. When she finally left, she was forced into homelessness, with no income of her own to soften her escape. Other women described facing harassment at work and were forced to choose between their well-being and the income made from working.

Several advocates discussed the impact a basic income would have on women in abusive relationships. Like the advocates, Forget and Owczar (2021) and Kimpson (2021) believed that implementing a basic income would reduce the risk of violence against women. Forget and Owczar found evidence from international studies that showed interventions that provided income to women reduced the level of violence women experienced. A basic income also gave women the option to leave violent or abusive relationships without being exposed to poverty (Kimpson, 2021). Through providing a secure, reliable income to individuals, a basic income could provide a safety net and removed the financial barrier some women faced when trying to leave an abusive relationship (Forget and Owczar, 2021). Kimpson (2021) also observed that a basic income may reduce the chance of women with disabilities engaging in unhealthy relationships to escape poverty. Forget and Owczar (2021) stated that although a basic income doesn’t eliminate the need for safety supports such as shelters, a basic income would provide women with the economic freedom to choose their own path to independence.

Advocates believed that a basic income offers dignity, autonomy and the ability to fully participate in society, regardless of workforce participation or productive capability. This is in direct contrast to current income assistance programs, which they considered to be rooted in negative attitudes towards poverty that believed that individuals unable to work were undeserving of help and that punishment would work as an effective means to push people back into the workforce. As the women with disabilities indicated, the stringent guidelines and below-poverty level income offered by income assistance hindered those who relied on it and kept them trapped in poverty indefinitely. This neglectful treatment not only left women with disabilities feeling devalued and othered, but also had significant repercussions on their health and well-being. As the advocates observed, the same oppressive and archaic attitudes that undergirded current income assistance program structures also acted one of the most significant barriers to implementing meaningful change. They described how in many cases, the hardest people to reason with where those who felt ideologically opposed to giving poor people money.

The advocates' discussions around deep-rooted ideologies that prevent change were supported by the work of Mays (2016). In an analysis of disability income support in Australia and the basic income model, Mays (2016) discussed the ideologies behind income assistance policies in western countries. She explained that income assistance policies in western democratic countries were driven by neoliberal policies which categorize people with disabilities based on their capacity to work and then attempt to push them back into the workforce. Mays stated that by making workforce participation a precondition for social inclusion, these policies were disabling to people with disabilities. She also remarked on the stigma associated with reliance on income assistance as it has become synonymous with welfare dependency and an unwillingness to work. By centering economic rationality, cost efficiencies, and conditionality, neoliberal policies perpetuated economic insecurity, poverty, and disablism for people with disabilities receiving assistance (Mays, 2016).

As many of the advocates suggested, a basic income was more dignified and less stigmatizing compared to current income assistance programs. Through her analysis, Mays (2016) explained how a basic income could counter some of the oppressive effects of neoliberal income assistance policies, such as poverty and stigma. Rather than applying notions of deservedness to determine entitlements, a basic income applies a social citizenship discourse based on distributive justice and egalitarianism. Mays explained that social citizenship redefines citizenship as a social right rather than a moral duty conditional on economic participation or ‘ableness’. Providing an income based on citizenship rights eliminates the need to assess whether an individual is deserving of support. Mays explained that distributive justice emphasizes an equitable distribution of benefits that allow individuals to meet their basic needs. She also stated that an egalitarian-based model enhances equity by determining support based on what is needed to achieve socio-economic independence, rather than disability category. By providing an unconditional income based on citizenship rights and free from associations with welfare dependency and work status, a basic income would remove the stigma associated with receiving income support (Mays, 2016). Under this model, there would be no stigmatizing, disabling distinctions that seek to determine who is deserving or undeserving of support.

Similarly, Kimpson (2021) believed a secure, reliable, adequate source of income that met basic needs would ease barriers related to economic equality, social inclusion, and participation in community. She stated that a basic income could enable women with disabilities to freely choose how to live their lives and plan for their futures beyond strategizing for survival, while living a modest but dignified life. Kimpson described how a basic income might ease some of the constraints women with disabilities face due to structural poverty. She stated that living without the deprivation that poverty has created would lead to fewer difficult choices such as choosing between food or medication, which would significantly impact their health. In addition, she believed that a basic income would improve access to adequate housing options and reduce the risk of homelessness or exposure to unsafe housing. However, the lack of affordable and adequate housing in many markets would undermine the potential for basic income to address the problem of unaffordable housing (Kimpson, 2021).

Along with the changes that would come from reducing poverty, Kimpson (2021) believed that a basic income would remove some of the more stigmatizing and disabling aspects of income support. By removing eligibility criteria based on means-testing or disability status she stated that women with disabilities would be freed of the onerous and stressful task of proving they are deserving of support. This would also remove the need to expend resources surveilling individuals to ensure compliance with complicated and confusing rules. She stated that the fear of losing benefits, along with complicated and punitive rules on allowable earnings, has restricted women from choosing their level of participation in the workforce. It has also made it difficult to return to income support. She stated that a secure, reliable basic income would allow women with disabilities greater flexibility in choosing appropriate, accommodating work and determining their hours of work. It would also empower them to leave workplaces that are discriminatory or unaccommodating without fear of being forced back into poverty (Kimpson, 2021).

In response to the deprivation, stigma, and harm caused by income assistance, advocates believe that a GLI should be implemented to enable vulnerable populations to live full, dignified lives. Their beliefs are supported by the literature which suggest that a properly implemented GLI would eliminate many of the most harmful and oppressive aspects of income assistance. By providing an income that meets basic needs and that is rooted in egalitarian principles rather than conditionality, a GLI can address poverty and its impacts without further stigmatizing an already marginalized group. However, a higher income alone will not facilitate the changes needed for them to move forward. Both advocates and the literature agree that to support the full social inclusion and participation of women with disabilities, and for a GLI to be impactful, there would need to be an entire set of social supports concurrently implemented alongside a GLI. These social supports are needed to address the additional needs of women with disabilities described through this thesis, which include needing access to affordable housing, adequate health insurance coverage, accessible mental healthcare, employment training, more stringent anti-discrimination laws, and a living wage.

Implications

This thesis provided insight into the possible impacts of a GLI on vulnerable populations within Nova Scotia. These findings are significant for policy makers and those involved in advocacy work seeking to address poverty among women with disabilities. With the introduction of new legislation and programs, including the Federal Disability Benefit, Quebec Basic Income Program, and Newfoundland and Labrador’s targeted basic income for seniors, understanding the needs of vulnerable populations becomes even more pertinent. Understanding the needs of women with disabilities is necessary for effective policies that will achieve their intended effects. In addition, Nova Scotia is currently experiencing rising poverty rates. It’s important to understand what the impacts of this poverty are on the population, as well as to explore what possible solutions exist.

Through interviewing women with disabilities, this research explored their challenges and whether a GLI is an appropriate program to address their unique needs. Exploring the experiences of women with disabilities helped illuminate the limitations of a GLI, and what barriers and gaps would remain if a GLI was implemented that would need to be addressed by other policies. Interviewing advocates helped further underline GLI's strengths and limitations when it came to reducing inequality for vulnerable populations, as well as the challenges that exist in implementing a GLI.

Through conducting the data analysis, it became clear that women with disabilities face significant levels of systemic discrimination and stigma, which contribute in large part to their income inequality. Many of the findings regarding their experiences on income assistance were similar to those of past research in Canada. However, despite the growing evidence of the harm that income assistance enacts on recipients, it's clear that very little change has been made over the years. A GLI could be a possible solution to reducing the poverty, deprivation, and discrimination that low-income women with disabilities face in Nova Scotia.

Although a GLI does not eliminate the deep-rooted negative attitudes our society holds towards those with disabilities living on assistance, it is a first step to dismantling the oppressive systemic barriers women with disabilities face in participating fully and equally in society. Through reducing poverty and replacing income assistance, GLI has the potential to improve quality of life and reduce some of the stigma experienced by women with disabilities. However, women with disabilities also experienced a broad range of needs that would not be fully met with just a GLI in place. To be effective, a GLI needs to be implemented as part of a network of social supports.

Lastly, while the recent policy changes are a positive step forward, there are still many who are low income and need help who fall outside of these targeted groups of individuals. As one advocate pointed out, a disability benefit necessitates some level of gatekeeping and proof of eligibility which will leave women with disabilities once more subject to intrusion and surveillance, and some may end up being excluded for not meeting strict criteria. This research shows there is still a need for advocates in Nova Scotia and across Canada to continue pushing for a universal, accessible, unconditional GLI to address the on-going poverty and discrimination that women with disabilities continue to experience, and to ensure they are offered dignity, autonomy, choice, and the ability to fully and equally participate in society.

Health Promotion Implications

Living on income assistance resulted in significantly worse mental and physical health for the women of this study. Living in poverty meant that most of the women experienced significant levels of food and housing insecurity, as well as other material needs deprivation, which had a detrimental impact on their health. The difficulties they experienced affording necessities forced participants to prioritize needs, which sometimes meant not being able to afford medical needs like medication. The housing insecurity they lived with further contributed to their poor health as several wound up living in substandard housing that exacerbated their conditions or put them at risk of further injury. In addition to the harm caused by deprivation, the women also experienced unequal access to healthcare through the administration of Pharmacare. The criteria for what is medically necessary treatment under Pharmacare led to multiple women being unable to access care or receiving lower quality care. This resulted in several participants suffering from chronic pain and treatable conditions.

Many participants also experienced negative impacts on their health due to the stress of living in poverty and experiencing deprivation. Multiple women expressed feeling depressed and hopeless due to their circumstances. Several women in this study also experienced PTSD, and several described their experiences living on income assistance as traumatic, which indicated that living on income assistance was likely having a significant negative impact on their mental health. Their difficulties with mental health were likely exacerbated by the lack of affordable and accessible mental health services that several women mentioned.

This research highlighted how strongly women with disabilities' health were affected by other social determinants of health. Living in poverty and relying on a system that wasn't adequately meeting their needs as women with disabilities left many of the women worse off both mentally and physically. This indicates that there is a need for health promotion efforts that focus on the social determinants of health to address the health disparities women with disabilities experience. A GLI can promote health by reducing poverty, which would in turn address some of the health disparities that women with disabilities experience. While it would not eliminate all health disparities, especially those related to discrimination, a GLI would enable access to health promoting resources such as nutritious food and medical treatment, without forcing them to choose which needs they fulfill. Reducing poverty would also likely reduce some of the stress and negative feelings associated with living on the below-poverty level income provided by income assistance.

Chapter 7: Conclusions

This thesis explored the lived experiences of women with disabilities on income assistance, as well as the potential impacts of a GLI on their lives, within the unique context of Nova Scotia. The conclusions of this thesis are grounded in the lived experiences of women with disabilities and their experiences living on income assistance in Nova Scotia. The opinions of advocates contextualized and validated the experiences of women with disabilities. The opinions of advocates also helped illuminate the strengths of a GLI and the potential path forward for implementing a GLI in the future. Constructivist grounded theory guided by social justice inquiry was used to analyze the data and allowed for a rich exploration of the topic viewed through the lenses of two very different groups of participants. This chapter summarizes the key findings and recommendations that emerged as a result of this research, and presents an emerging theory regarding the role of GLI in the lives of women with disabilities.

In Nova Scotia, income assistance rates are the lowest in the country. While cost of living continues to rise, and the province goes through a food insecurity and housing affordability crisis, the provincial government refuses to raise income support to a level that would come close to the poverty line. In what some consider a human rights violation, individuals and families are left increasingly worse off as cost of living rises while their income support stays the same, leading to recipients falling further and further below the poverty line and increasing their risk of homelessness (Woodford, 2023). As provincial advocates and academics have indicated, incremental reform is not nearly enough to address the deep poverty those living on income assistance are currently subjected to.

At the heart of a system that continues to neglect and disempower its recipients are archaic notions of poverty and work that devalue those who are unable to meet societal expectations of productivity or workforce participation. Being disabled and in poverty has left the women of this study devalued and treated as second class citizens, seen as undeserving of dignity or having their basic needs met. By being kept so far below the poverty line and restricted by oppressive rules that make it impossible to save and work towards bettering their situations, they are left trapped in a cycle of poverty. Their stories show clearly that poverty, disability, unemployment and trauma are on-going cycles that can be impossible to get out of using the current systems they are forced to rely on.

To break these cycles, incremental reform will not be enough. As advocates and academics have both agreed, a basic income is a way to address negative attitudes rooted in centuries old stigma and moral outrage over poverty. By providing an income that meets basic needs and that is rooted in egalitarian principles of distributive justice and citizenship rather than conditionality, a basic income can address poverty and its impacts without further stigmatizing an already marginalized group.

However, as both groups of participants recognized, women with disabilities' needs went far beyond requiring an adequate income. Although these women struggled with the poverty imposed by income assistance, providing a higher income alone will not facilitate the changes needed for them to move forward. Many of the women described frustration with the lack of supportive resources they could access. For women with disabilities to be fully supported and able to experience full social inclusion and participation in their communities, other social supports need to be bolstered. Participants described struggling to afford rent, experiencing periods of homelessness or fears of eviction, and being forced to accept substandard housing. Given the current housing crisis, in which rental prices continue to rise, vacancy remains low, and homelessness is becoming an increasing risk for low-income people, Nova Scotia needs to invest in additional non-market housing options to reduce housing insecurity among vulnerable groups. In addition, as several advocates and authors noted, a basic income could be used to justify lower wages or higher rents, which would negate the effects of a basic income. Thus, ensuring a just and equitable society requires that Nova Scotia not only invest in affordable housing, but also maintain rent caps and implement a living wage.

Many of the women also experienced on-going health concerns in addition to their disability due to lack of adequate health coverage and access to mental health services. To enable women with disabilities to receive the care they need, there needs to be an implementation of universal healthcare coverage that is not tied to income support, so that they can work without fear of losing healthcare coverage, as well as affordable, accessible mental health resources, so that they can get the support they need to address their complex needs.

As several of the women expressed, they "didn't just want a handout", and for most of them, there was a desire to go back to work that was hampered by a lack of disability literate employment training, employer discrimination, lack of accommodation, and a risk of losing disability benefits by working part-time. Strict rules around savings and working held multiple women back, making it difficult for them to improve their lives. To empower women with disabilities to work and contribute to the capacity they are able, there needs to be accessible employment support and training available that is targeted towards the needs of people with disabilities, more stringent laws against discrimination and requirements for accommodations, as well as incentives to hire people with disabilities. Implementing a GLI that supports social inclusion also requires less punitive clawbacks on earnings so that women with disabilities can work without fear of repercussions that leave them worse off or stranded without the means to afford cost of living.

Lastly, many women struggled due to an absence of clear information and described receiving information piecemeal through a variety of sources. They expressed a desire for a centralized information source of available resources and eligibility, as well as an advocate, someone who could guide them through the system and advocate for their needs. Implementing a directory of resources that could clearly indicate what supports are available for low income individuals would alleviate some of the stress and the onerous work that goes with being low income and attempting to receive some form of support. In addition, having client navigators who can help guide them through the process of receiving support and advocate for them in workplaces or other settings might empower women with disabilities to participate more fully in their communities. These recommendations, in tandem with the implementation of a GLI, would hopefully ensure that a GLI has the intended impact in improving the lives of vulnerable populations.

The analysis of these findings also led to a final theory regarding the needs of women with disabilities and the impact of a GLI on women with disabilities in Nova Scotia. The implementation of a GLI would provide some relief from the hardships women with disabilities in Nova Scotia experience and reduce health disparities by providing them with the resources to better care for their health and well-being, while eliminating some of the more dehumanizing aspects of the current income assistance system. However, a GLI does not directly address the deep-rooted prejudices and negative attitudes that these participants experience due to their disabilities and poverty, nor does it address some of their other practical concerns regarding housing, healthcare and employment. To fully address the needs of women with disabilities would require both a shift in societal values and an intentional redirection of resources. While a GLI is not an all-encompassing solution, it does represent a step forwards towards a more just and equitable society.

Strengths and Limitations

This thesis contributes to the literature that already exists on the topic of income assistance and disability, as well as GLI and disability. Many of the findings in this thesis are complimentary to existing research, and add to the literature by providing insight into the unique experiences of women with disabilities living within Nova Scotia. The use of two separate populations has also lent validity to my analysis, as the themes that arose in each group were often complementary. A key finding from this research was the intersectionality of the women with disabilities' experiences, which highlighted the need for health promotion solutions that address health disparities from an intersectional lens. This thesis also demonstrated the strengths of constructivist grounded theory. Using constructivist grounded theory allowed a theory to emerge that was grounded in the voices of its participants and allowed their perspectives to be centered. The grounded theory that emerged highlighted the complexity of the participants' experiences and emphasized the importance of including vulnerable populations in policy and decision-making. With the federal disability benefit and several new provincial GLI programs in development, these findings are especially relevant. It's important that the challenges of vulnerable populations are well understood so that these programs can effectively address their needs.

There were limitations to the conclusions that can be drawn from this study. Since there were no GLI programs in place during the development and interview stage of this study, I did not speak to any GLI recipients. My conclusions were limited to women with disabilities' experiences of current income assistance programs, and opinions from advocates. While I could extrapolate based on these two groups' viewpoints, I could not state with certainty the impact of a GLI within Nova Scotia. My findings were based on a set of individuals' experiences of income assistance and the potential that GLI has for improving lives in the future. However, my findings were corroborated by the results of Ferdosi et al.'s (2023) report regarding experiences of basic income in Southern Ontario.

As this is a master's level thesis, I also faced some constraints that may impact the conclusions that can be drawn from my findings. While theoretical saturation has often been claimed as the endpoint for constructivist grounded theory, I was limited in my ability to reach theoretical saturation due to time constraints. In addition, it would be difficult to ascertain when saturation is complete or when theory is sufficiently detailed (Creswell & Poth, 2018). While I was limited in my ability to attempt to reach saturation, many of my findings regarding the experiences of the women with disabilities on income assistance were well supported by past research conducted in other provinces.

Although I did notice in my interviews that the same themes tended to arise and there were few outliers, I also recognized that my sample was relatively homogenous given that seven of the women with disabilities came from the same community clinic and all six advocates were from the same advocacy group. Although my literature review explored the topic of race and Indigeneity as additional marginalized identities that impact the experience of having disabilities, race and Indigeneity rarely came up in interviews, even when probed. This is likely due to most of my study population being white; only two of the participants in the women with disabilities group were women of color. While discriminant sampling could have been used to determine if themes held true for different people, I was unable to do so given the time constraints I faced (Creswell & Poth, 2018). Future research should consider exploring impacts of income assistance and GLI among more heterogeneous groups of participants.

Indigeneity and First Nations autonomy is an incredibly important aspect to be considered in the development of a GLI. However, given the depth and complexity of this topic, it was beyond the scope of my thesis research to explore this in detail, especially since I did not speak to any Indigenous women with disabilities, or First Nations representatives. This is an important topic for future research to cover and would be essential to the development of a fair and equitable federal GLI.

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Appendix 1

REB # 2022-6338 Letter of Approval

ethics@dal.ca
To:Jennifer Boone
Cc:Jeff Karabanow;Research Ethics

Thu 12/1/2022 11:37 AM

Social Sciences & Humanities Research Ethics Board
Letter of Approval

December 01, 2022
Jennifer Boone
Health\School of Health and Human Performance

Dear Jennifer,

REB #: 2022-6338
Project Title: Exploring the Possible Impacts of a Guaranteed Livable Income on Women with Disabilities in Nova Scotia: A Grounded Theory Analysis

Effective Date: December 01, 2022
Expiry Date: December 01, 2023

The Social Sciences & Humanities Research Ethics Board has reviewed your application for research involving humans and found the proposed research to be in accordance with the Tri-Council Policy Statement on *Ethical Conduct for Research Involving Humans.* This approval will be in effect for 12 months as indicated above. This approval is subject to the conditions listed below which constitute your on-going responsibilities with respect to the ethical conduct of this research.

Sincerely,

Dr. Megan Bailey
Chair, Social Sciences and Humanities Research Ethics Board
Dalhousie University

Appendix 2

Hello,

We invite you to participate in the thesis research project titled "Exploring the Possible Impacts of a Guaranteed Livable Income on Low Income Women with Disabilities in Nova Scotia: A Grounded Theory Analysis". This research project is about the potential impact of a guaranteed livable income on the health and well-being of women with disabilities. If you are interested, please contact Jennifer Boone to set up a time to meet. When we meet, I will go through the research project in detail and I can answer any questions you might have. Once I explain everything you can decide if you are still interested or not.

If you are interested please let me know when you would like to meet, and if you have any preference for meeting in-person, over the phone, or online.

The interview will take about one hour, and you will be compensated with a $15 gift card for your time. I should also confirm that to be eligible you have to be:

- 18 or older
- Member of a basic income/guaranteed livable income advocacy group in Nova Scotia

Thank you for your interest and please find attached a consent form that lays out all the details of the project.

All the best,

Jennifer Boone

Appendix 3

We want to
hear from you!

Volunteers needed for a research project about the experiences of women with disabilities on income assistance/disability benefits

1 hour interview
$15 gift card as honorarium
Confidential

We are looking for people:

- 18 and older
- Identify as a woman with a disability
- Have experience being on income assistance /disability benefit

If interested contact
Jennifer Boone at
jn840807@dal.ca

REB #2022-6338

Appendix 4

CONSENT FORM

Project title: Exploring the Possible Impacts of a Guaranteed Livable Income on Women with Disabilities in Nova Scotia.

Lead researcher: Jennifer Boone, Dalhousie University, jn840807@dal.ca, 613-293-4356

Other researchers
Supervisor: Jeff Karabanow, Dalhousie University, jeff.karabanow@dal.ca

Introduction

We invite you to take part in a research study being conducted by Jennifer Boone, who is a student at Dalhousie University. Choosing to take part in this research is entirely your choice. There will be no impact on the services you receive if you decide not to participate in the research. The information below tells you about what is involved in the research, what you will be asked to do and about any benefit, risk, inconvenience or discomfort that you might experience.

You should discuss any questions you have about this study with Jennifer Boone. Please ask as many questions as you like. If you have questions later, please contact Jennifer Boone.

Purpose and Outline of the Research Study

The purpose of this study is to gain insight into the experiences of women with disabilities who have received social assistance/disability benefits in Nova Scotia. The aim is to use that knowledge to determine if social assistance/disability benefits is meeting the needs of recipients.

You have been invited to participate in this study because you have experience with social assistance/disability benefit programs in Nova Scotia. Your insights will help us learn more about the barriers that exist and the supports that women with disabilities need.

We would like to interview you about your experiences. Interviews will be recorded. Interviews can be done in-person, online or over the phone, depending on your preference.

Who Can Take Part in the Research Study

You may participate in this study if you are:

- Over 18
- Identify as a woman
- Identify as having a disability
- Have received or are receiving provincial social assistance/disability benefits

What You Will Be Asked to Do

If you decide to participate in this research you will be asked to attend one meeting, which can be in-person, online or over the phone. If you choose to meet in-person, interviews can be conducted at the social work community clinic. The visit will take approximately 1 hour. During the interview, you will be asked 7-8 questions about your experiences.

Possible Benefits, Risks and Discomforts

Benefits: You will not directly benefit from participating in this study. However, some people enjoy the opportunity to reflect on and share their experiences. You may also benefit indirectly by knowing that you are contributing to research that aims to help others who may face similar circumstances.

Risks: The risks associated with this study are minimal. The main risk is that talking about experiences with disability or social assistance may be upsetting or cause discomfort. To minimize this risk, you are encouraged to notify the interviewer if you feel upset at any point during the interview or after. If this happens during the interview you are free to stop the interview, take a break, or reschedule. The interviewer can also help connect you to any services or supports that you might need.

Compensation / Reimbursement
To thank you for your time, we will provide you a gift card worth $15.

How your information will be protected:

Privacy: Your participation in this research will be known only to the lead researcher. Your identity will not be shared with anyone else, and all in-person interviews will be conducted in a private location to maintain privacy.

Confidentiality: The information you provide will be kept confidential. Only the lead researcher will have access to this information. All your identifying information (such as your name and contact information) will be securely stored separately from your research information. During interviews, I will be gathering audio recordings using MS Teams. These audio recordings will be turned into transcripts. Identifying comments or information will be removed from the transcript. Your name and contact information will not be placed on any of your transcripts. I will use a participant number (not your name) in all my written records so that the research information I have about you, including transcripts, contains no names. During the study, all electronic records will be kept secure in an encrypted file on the researcher's password-protected OneDrive. The file containing names and ID numbers will be kept separate from the research information and password protected on the OneDrive. All paper records will be kept secure in a locked filing cabinet located in the supervisor's office. The de-identified research information will be stored until the thesis has been completed, and then it will be permanently deleted.

I will use my Dalhousie University credentials for the Microsoft Teams meeting, which will ensure that the Teams meeting recordings are securely stored in Canada. During the live Teams meeting, audio and video content is routed through the United States, and therefore may be subject to monitoring without notice, under the provisions of the US Patriot Act while the meeting is in progress. After the meeting is complete, meeting recordings made by Dalhousie are stored in Canada and are inaccessible to US authorities.

Findings will be reported in a thesis, presentations and in a plain language summary. When I report findings from the research I will only report group findings and not individual results, and I will never share information that could be used to identify someone. If you consent to the use of direct quotes, I might share something you say through a direct quote, but I will never include your name or any identifying information like a place or specific set of dates. In referring to these quotes I will only use a pseudonym (fake name). This means you will not be identified in any way in my reports. Overall, all information collected during this study, including your contact information will be kept confidential and will not be shared with anyone outside the study unless required by law. You will not be named in any reports, publications, or presentations that may come from this study. The only person who will know your name and contact information will be the lead researcher who is conducting the interviews with you.

Limits to confidentiality: I will not disclose any information about your participation except as required by law. If you inform me about abuse or neglect of a child [or an adult in need of protection] I am required by law to contact authorities. If it comes to my attention that someone is at significant risk of harming themselves or others I am obligated under law to break confidentiality.

Data retention:
Once the study is over and the thesis is complete your data will be destroyed.

If You Decide to Stop Participating

You are free to leave the study at any time. You may withdraw at any point during the interview, and you can decide whether you want any of the information that you have provided up to that point to be removed or if you will allow me to use that information. After participating in the study, you can decide until March 31, 2023 if you want to remove your data. After that time, it will become impossible to remove it because it will already be analyzed.

How to Obtain Results

We will provide you with a short description of group results when the study is finished.

No individual results will be provided. You can obtain these results by including your contact information at the end of the signature page.

Questions

We are happy to talk with you about any questions or concerns you may have about your participation in this research study. Please contact Jennifer Boone (at 613-293-4356, jn840807 @dal.ca) or Jeff Karabanow (at 902-494-1193, Jeff.karabanow@dal.ca)] at any time with questions, comments, or concerns about the research study (if you are calling long distance, please call collect).

If you have any ethical concerns about your participation in this research, you may also contact Research Ethics, Dalhousie University at (902) 494-3423, or email: ethics@dal.ca (and reference REB file # 20XX-XXXX).

We have no conflicts of interest to report. The lead researcher does have an interest in completing this study. Their interests should not influence your decision to participate in this study.

Signature Page

Project Title: Exploring the Possible Impacts of a Guaranteed Livable Income on Women with Disabilities in Nova Scotia.

Lead Researcher: Jennifer Boone, Dalhousie University, jn840807@dal.ca
If written consent is being obtained, the signature page should be signed and dated by the research participant or by the person authorized to sign on behalf of the research participant (e.g., a parent or caregiver). In the latter instance, the participant's name must also be clearly indicated.

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I understand that I have been asked to take part in one interview that will occur at a location acceptable to me, and that those interviews will be recorded. I agree to take part in this study. My participation is voluntary and I understand that I am free to withdrawn from the study at any time, until February 28, 2023.

____________________________ __________________________ ___________

Name Signature Date

I understand that the use of MS Teams to record my interview means that my personal identifying information will be accessible from outside of Canada, and consent to having my personal information accessible outside of Canada.

__________________________ ___________

Signature Date

I understand direct quotes of things I say may be used without identifying me and agree that direct quotes without my name may be used.

__________________________ ___________

Signature Date

Post interview: I confirm I have completed the interview.

__________________________ ___________

Signature Date

Please provide an email address below if you would like to be sent a summary of the study results.

Email address: _________________

Note: The signature of a researcher or a witness is not required. Getting participants to sign two copies is not required, and in fact may compromise privacy if the participant copy is not stored securely.

Appendix 5

CONSENT FORM

Project title: Exploring the Possible Impacts of a Guaranteed Livable Income on Women with Disabilities in Nova Scotia.

Lead researcher: Jennifer Boone, Dalhousie University, jn840807@dal.ca

Other researchers
Supervisor: Jeff Karabanow, Dalhousie University, jeff.karabanow@dal.ca

Introduction

We invite you to take part in a research study being conducted by Jennifer Boone, who is a student at Dalhousie University. Choosing whether or not to take part in this research is entirely your choice. The information below tells you about what is involved in the research, what you will be asked to do and about any benefit, risk, inconvenience or discomfort that you might experience.

You should discuss any questions you have about this study with Jennifer Boone. Please ask as many questions as you like. If you have questions later, please contact Jennifer Boone

Purpose and Outline of the Research Study

The purpose of this study is to gain insight into the experiences and challenges faced by women with disabilities who have received or are receiving social assistance/disability benefits in Nova Scotia, and how a program such as a guaranteed livable income (GLI) could impact their health and well-being. The aim is to use that knowledge to determine if social assistance/disability benefits is meeting the needs of recipients or if an alternative such as GLI would better support women with disabilities and what the strengths and limitations of such a program might be.

You have been invited to participate in this study because you are an advocate for basic income or guaranteed livable income in Nova Scotia. Your experiences and insights will help us learn more about the strengths and limitations of a GLI in supporting the needs of vulnerable populations and removing existing barriers to living with dignity and adequately managing their health.

We would like to interview you about your experiences and knowledge regarding GLI. Interviews will be recorded. Interviews can be done in-person, online or over the phone, depending on your preference.

Who Can Take Part in the Research Study

You may participate in this study if you are:

- Over 18

- Are a member of an existing basic income/guaranteed livable income advocacy group or perform advocacy work regarding GLI in Nova Scotia

What You Will Be Asked to Do

If you decide to participate in this research you will be asked to attend one meeting, which can be in-person, online or over the phone. If you choose to meet in-person, interviews can be conducted at a location convenient to you. The visit will take approximately 1 hour. During the visit you will be asked to participate in a guided conversation about your experiences where we will ask you 6-7 questions about your experiences/insights.

Possible Benefits, Risks and Discomforts

Benefits: You will not directly benefit from participating in this study. However, you may benefit indirectly in that some people enjoy the opportunity to reflect on and share their experiences and insights. You may also benefit indirectly by knowing that you are contributing to research that aims to help others.

Risks: The risks associated with this study are minimal. There are no known risks for participating in this research beyond being fatigued. To minimize this risk, you are encouraged to notify the interviewer if you wish to discontinue the interview, take a break, or reschedule. The interviewer can also help connect you at any point to any services or supports that you might need.

Compensation / Reimbursement

To thank you for your time, we will give you a gift card worth $15 for engaging in an interview

How your information will be protected:

Privacy: Your participation in this research will be known only to the lead researcher. Your identity will not be shared with anyone else, and all in-person interviews will be conducted in a private location to maintain privacy.

Confidentiality:

The information you provide will be kept confidential. Only the lead researcher will have access to this information. All your identifying information (such as your name and contact information) will be securely stored separately from your research information. During interviews, I will be gathering audio recordings using MS Teams. These audio recordings will be turned into transcripts. Identifying comments or information will be removed from the transcript. Your name and contact information will not be placed on any of your transcripts, only a generic participant number. I will use a participant number (not your name) in all my written and computer records so that the research information I have about you, including transcripts, contains no names. During the study, all electronic records will be kept secure in an encrypted file on the researcher's password-protected OneDrive. The file containing names and ID numbers will be kept separate from the research information and password protected on the OneDrive. All paper records will be kept secure in a locked filing cabinet located in the supervisor's office. The de-identified research information will be stored until the thesis has been completed to allow for analysis throughout the thesis writing process, and then it will be permanently deleted.

I will use my Dalhousie University credentials for the Microsoft Teams meeting, which will ensure that the Teams meeting recordings are securely stored in Canada. During the live Teams meeting, audio and video content is routed through the United States, and therefore may be subject to monitoring without notice, under the provisions of the US Patriot Act while the meeting is in progress. After the meeting is complete, meeting recordings made by Dalhousie are stored in Canada and are inaccessible to US authorities.

Findings will be reported in a thesis, presentations and in a plain language summary. When I report findings from the research I will only report group findings and not individual results, and I will never share information that could be used to identify someone. If you consent to the use of direct quotes, I might share something you say through a direct quote, but I will never include your name or any identifying information like a place or specific set of dates. In referring to these quotes I will only use a pseudonym (fake name). This means you will not be identified in any way in my reports. Overall, all information collected during this study, including your contact information will be kept confidential and will not be shared with anyone outside the study unless required by law. You will not be named in any reports, publications, or presentations that may come from this study. The only person who will know your name and contact information will be the lead researcher who is conducting the interviews with you.

Limits to confidentiality: I will not disclose any information about your participation except as required by law. If you inform us about abuse or neglect of a child [or an adult in need of protection] we are required by law to contact authorities. If it comes to our attention that someone is at significant risk of harming themselves or others we are obligated under law to break confidentiality

Data retention: Once the study is over and the thesis has been completed, your data will be destroyed permanently.

If You Decide to Stop Participating

You are free to leave the study at any time. You may withdraw at any point during the interview, and you can decide whether you want any of the information that you have provided up to that point to be removed or if you will allow me to use that information. After participating in the study, you can decide until March 31, 2023 if you want to remove your data. After that time, it will become impossible to remove it because it will already be analyzed.

How to Obtain Results
I will provide you with a short description of group results when the study is finished. No individual results will be provided. You can obtain these results by including your contact information at the end of the signature page.

Questions
We are happy to talk with you about any questions or concerns you may have about your participation in this research study. Please contact Jennifer Boone (at 613-293-4356 jn840807 @dal.ca) or Jeff Karabanow (at 902-494-1193, Jeff.karabanow@dal.ca)] at any time with questions, comments, or concerns about the research study (if you are calling long distance, please call collect).
If you have any ethical concerns about your participation in this research, you may also contact Research Ethics, Dalhousie University at (902) 494-3423, or email: ethics@dal.ca (and reference REB file # 20XX-XXXX).

We have no conflicts of interest to report. The lead researcher does have an interest in completing this study. Their interests should not influence your decision to participate in this study.

Signature Page

Project Title: Exploring the Possible Impacts of a Guaranteed Livable Income on Women with Disabilities in Nova Scotia.

Lead Researcher: Jennifer Boone, Dalhousie University, jn840807@dal.ca

If written consent is being obtained, the signature page should be signed and dated by the research participant or by the person authorized to sign on behalf of the research participant (e.g., a parent or caregiver). In the latter instance, the participant's name must also be clearly indicated.

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I understand that I have been asked to take part in one interview that will occur at a location acceptable to me, and that those interviews will be recorded. I agree to take part in this study. My participation is voluntary and I understand that I am free to withdraw from the study at any time, until February 28, 2023.

______________________________ ____________________________ ____________

Name Signature Date

I understand that the use of MS Teams to record my interview means that my personal identifying information will be accessible from outside of Canada, and consent to having my personal information accessible outside of Canada.

____________________________ ____________

Signature Date

I understand direct quotes of things I say may be used without identifying me and agree that direct quotes without my name may be used.

____________________________ ____________

Signature Date

Post interview: I confirm I have completed the interview.

____________________________ ____________

Signature Date

Please provide an email address below if you would like to be sent a summary of the study results.

Email address: ________________

Note: The signature of a researcher or a witness is not required. Getting participants to sign two copies is not required, and in fact may compromise privacy if the participant copy is not stored securely.

Appendix 6

Questions for women with disabilities:

1) Can you describe your experiences with disability?
2) Can you tell me about your experiences with disability benefits or social assistance?
3) How do you think these experiences are influenced by your gender/race/sexuality/culture?
4) What challenges do you face with taking care of your health?
5) What current safety net supports do you rely on?
6) What do you need to better support you in your everyday life?
7) Are you aware of guaranteed livable income? What do you understand by the term GLI?
8) (After providing a brief description of GLI) Do you think this is something that could be helpful? In what ways?

Appendix 7

Questions for advocates:

1) What has been your experiences as an advocate for GLI? Why do you do this?
2) What do you think are the strengths and limitations of a GLI?
3) What work has been done so far to implement GLI in Canada?
4) What is the status of the GLI movement right now?
5) Where do you think the strongest support and opposition comes from for GLI? Why do you think that is?
6) What do you think are the challenges with implementing a GLI? Why do you think it hasn't been implemented yet?
7) How do you see a guaranteed income impacting marginalized groups, such as women with disabilities?