



RESEARCH REPORT

Understanding Coping Strategies of Mothers with Low Income

How Organizations Can Reduce Isolation and Improve Supports

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Glossary

We use the following definitions for the purposes of this report. These definitions were developed by the team and informed by the research literature:

- **Organizations**
 - » **Community-based organizations (CBOs):** Nongovernment organizations that provide services to members of a community. These include
 - community-based nonprofit organizations and
 - congregations.
 - » **Government organizations:** Entities that deliver public benefits.
 - » **Helping organizations:** Organizations that serve as a support, providing resources, services, or some other benefit.

- **Public benefits:** Assistance programs administered by the government, such as the Supplemental Nutrition Assistance Program, cash assistance, child care vouchers, and Medicaid.

- **Supports:** A mechanism, resource, or institution designed to meet a material or psychological/emotional need (Hazel and Ghate 2002). Resources, services, or other benefits are all supports.
 - » **Organizational support:** A support provided by a CBO or government organization through public benefits. These are also known as “formal supports” (Lipman and Longino 1982; Sandstrom et al. 2014).
 - » **Social support:** A support provided by a person’s social support network (i.e., family or friends) or operating outside of the context of a bureaucratic structure (e.g., free child care through cohabiting relatives or a support group formed organically among friends who met at the park) (Lipman and Longino 1982; Sandstrom et al. 2014). These are also known as “informal supports” and “social networks.”
 - » **Personal support:** A support developed and carried out by an individual to meet their own needs.

- **Coping:** Specific efforts employed to master, tolerate, or minimize stressful events and circumstances, particularly the ongoing stress faced by those with few economic resources (Carver 2013; Hazel and Ghate 2002). These efforts may be behavioral or psychological.
- **Connected:** States of being joined or not joined to something else. This term may encompass engagement, social connection, and connection to the labor market/public assistance system. People exist across a continuum of connection, with some being more connected and some less connected.
 - » **Engaged in services/Disengaged from services:** Used to describe a mother’s level of connection to organizational supports.
 - » **Socially connected/Isolated:** Used to describe a mother’s connection to social supports.
 - » **Disconnected:** Term used in research literature to describe people who are both unemployed and not receiving public benefits (possibly because they are ineligible or have been cut off) (Sandstrom et al. 2014).
- **Critical Needs:** The ongoing challenges that mothers meet through coping mechanisms.
 - » **Tangible Challenges:** Material needs that support basic survival and securing a livelihood through a job or other income sources (such as needs associated with accessing child care, affordable housing, or transportation).
 - » **Intangible Challenges:** Emotional, social, and health needs and wellness.
- **Conditions:** Things broadly outside a person’s control, factors that describe the way things are, or the situations they come from.¹

Executive Summary

Mothers with few economic resources must cope with the ongoing stress of making ends meet while addressing the needs of their children. Policy research on families and individuals living in poverty tends to underemphasize the broad array of personal and informal supports women with few economic resources use to meet their own and their families' needs. Neighbors, family, and membership in voluntary organizations like faith congregations also play important roles in supporting families with low income. The body of research on poverty in the US may offer a skewed or incomplete picture of the *wide* range of formal and informal supports used by mothers with few economic resources, thereby “missing the forest for the trees” when it comes to offering effective, supportive solutions, through policy and otherwise.

The overarching goal of this exploratory study was to improve understanding of gender and racial equity and how to help women in the United States meet their economic, personal, and social goals. We used a participant-centered perspective to understand the positive, active strategies mothers with very young children and very few economic resources use to meet their caregiving and related needs, including economic security and stress reduction. Using a social network analysis approach, we (1) developed sociograms to map supports women rely on to meet their personal, financial, and caregiving needs and (2) located the formal supports women receive through public benefits and community-based organizations (CBOs) in their broader supportive networks. Insights from this analysis inform recommendations for how helping organizations can support mothers in applying positive, active coping to their caregiving responsibilities, which in turn will improve outcomes for their children.

Our research questions were as follows:

1. What is the range of positive, active coping mechanisms that women with children under age 5 and few economic resources use to address caregiving challenges (child care, emotional challenges, and financial security), including formal and informal supports and strategies?
 - a. How are these coping mechanisms applied in the context of a health crisis during which many traditional supports and networks are limited and employment is tenuous?
2. How do and can nonprofit CBOs facilitate mothers' positive, active coping strategies?
 - a. How do nonprofit CBOs interact with government organizations, public benefits, employment, and personal sectors in supporting mothers?

- b. What are the most effective ways that nonprofit CBOs can support low-income mothers of young children in meeting their caregiving obligations in order to potentially improve outcomes like economic security, child development, and overall family well-being?
- c. How did the extent and types of needs change in the context of the pandemic, and what were the additional coping mechanisms?

This study began before the COVID-19 pandemic. While the pandemic significantly complicated our timeline and study methods, it did not alter our core questions. In fact, the opportunity to talk to mothers in “lockdown” with their children helped illuminate how being isolated from helping supports can be a major problem for mothers of young children.

Our key findings were as follows:

- Mothers with few economic resources use multiple positive and often creative coping strategies to meet the needs of their families. The mothers we spoke to prioritized their children’s needs first and their own needs second.
- While it is easy to label the remarkable coping capacity of these mothers as “being resilient,” the poignancy of their struggles was palpable. We often heard mothers say things like, “I’ll do things like get up at 4 a.m. and like cry in the shower, you know. But I gotta let it out, because if I have that energy, my kids are gonna know that something’s wrong.” While these “push-through” coping strategies often helped the mothers to keep from becoming overwhelmed, the fact that some had been or were on the verge of crisis—such as homelessness or overreliance on family or social supports that were not always positive—should not be overlooked as we elevate their capacity to make their lives work.
- For most of the women we interviewed, food, health, child care, and housing benefits were present but sporadic. Many of our interviewees received food support for their households and half received medical insurance. However, most struggled to afford rent and find adequate, affordable child care assistance, which often prevented them from advancing their stated goals for household well-being and economic security, both in and out of the pandemic context.
- Though used by at least 16 of the 20 women we interviewed, government assistance was not a major theme in our discussions of coping. For mothers with few economic resources, public assistance sometimes helped fill gaps between other supports they pieced together. While they appreciated public assistance programs when these supports were available, it was not at

the forefront of their daily coping strategies, in some cases because the mothers perceived that these resources took a lot of effort for a relatively small payoff.

- Conditions beyond the control of individual mothers—running the gamut from the personal (e.g., family of origin size and dynamics) to the geographic (e.g., being in a place that offers more or less support) to the systemic (e.g., ill-designed and underresourced systems in areas such as immigration, child care, or housing)—interacted with their basic caregiving needs (such as for food, shelter, or child supervision) in ways that created a unique and complex array of challenges for every household.
- We recommend strategies that fill gaps in the support network of isolated women to supplement, enhance, or mitigate informal friend and family supports. Organizations that offer holistic and flexible supports emphasizing service integration, navigation, and gap-filling may be especially valuable to women balancing complex resources as they seek to advance their economic prospects and the health, well-being, and education of their children while meeting their personal needs. We also recommend supports that address the dearth of mental health care in marginalized communities.
- A participant-centered safety net that offers flexible resources in alignment with parent needs and goals also should be considered. These changes have large potential to reduce income inequality, racial disparities, and public spending over time. A reformed safety net that provides sufficient support to advance economic mobility of mothers at the margins is a prerequisite to equitably advancing prospects of all US families. In such a context, CBOs—be they nonprofit helping agencies, congregations, or voluntary organizations—can be positioned to support and enhance the coping strategies mothers themselves bring to bear on their household economic security and caregiving needs.

Introduction

Past research has examined the adaptive or negative coping mechanisms deployed by “disconnected mothers”—those not employed or receiving public benefits (Blank and Kovak 2007; Loprest 2012; Sandstrom et al. 2014; Seefeldt and Sandstrom 2015). These same studies have examined barriers to formal and informal support for low-income women caring for their children (Sandstrom et al. 2014; Seefeldt and Sandstrom 2015). This frame, however, may not fully encompass how resourceful and resilient mothers can be in *connecting themselves* to formal and informal supports, and how community-based organizations (CBOs) can facilitate and support positive coping strategies, particularly in times of crisis. In this exploratory study, we begin to develop an understanding of the *positive* strategies mothers with few economic resources use to meet their caregiving and related needs, such as for economic security and stress reduction. We also provide insights into ways that CBOs do and can encourage positive, active coping strategies for mothers.

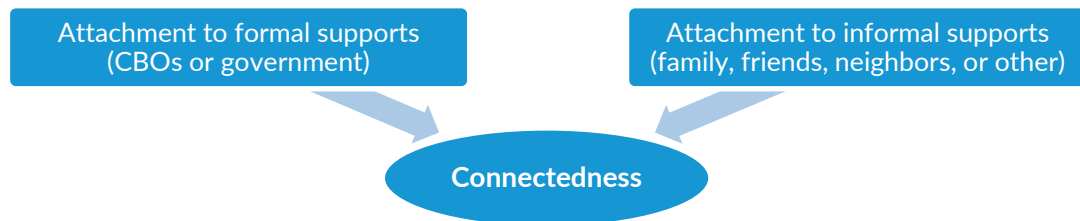
Across the United States, mothers with very few economic resources often face challenges relative to other groups in accessing organizational or formal supports (those operating within a bureaucratic structure) such as subsidized child care or income assistance (Chaudry et al. 2011; Seefeldt and Sandstrom 2015). When formal supports are insufficient or unavailable, these mothers may rely on social or informal supports (those provided by a person’s social network or operating outside the context of a bureaucratic structure) to help them meet their caregiving responsibilities.² Either way, the availability and use of different types of supports vary greatly across families. CBOs (including nonprofits and congregations) may help fill both formal and informal support needs, but little is known about the multiple roles that CBOs play.

The mandatory social distancing during the COVID-19 pandemic caused many institutions to shutter and changed the ways in which people could access and interact with government, community-based, and social supports. Organizational supports, both from CBOs and government, may have been harder to access during the pandemic, a time when both need and demand for their services grew exponentially.³

In this report, we frame *connectedness* as attachment to formal supports from organizations and informal supports from family, friends, neighbors, and others (figure 1 [Error! Reference source not found.](#)). This is distinct from the concept of *disconnection* that some research literature uses for people who are not attached to the labor market or public benefits. Mothers who are *not connected*, or *less connected*, may still be employed or receive some public assistance (or perhaps both), but may not have all their caregiving needs met through necessary connections. These mothers, especially those

with few economic resources, face constant stressors. We highlight ways that these mothers find and combine available supports into positive coping strategies.

FIGURE 1
Elements of Connectedness



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We interviewed 20 women with children under age 5 and few economic resources, and staff from two CBOs, to understand how mothers cope with lack of connection to informal and/or formal supports as they meet their caregiving and other challenges. The 20 women represented a spectrum of engagement in services, with some having received several services for a long time and others receiving almost no organizational support. Some of the women had jobs and some did not. We also observed widely varying levels of connectedness to social and organizational supports, including to public benefits.

This report

- shares insights on some of the conditions that facilitate connectedness or lead to lack of connectedness to supports mothers need,
- speaks to what some of the critical caretaking and other needs are for mothers with young children and low economic resources,
- describes positive coping mechanisms these women developed,
- discusses the women's goals for the future, and
- identifies ways that organizations can promote positive coping strategies and help women reach their goals.

This study's aim is to improve gender and racial equity and ensure women in the United States can meet their economic, personal, and social goals. The insights we share may help CBOs and policymakers develop better strategies for future crises and also identify best practices that can be implemented going forward. We also hope to contribute to the research literature on the relationship among connection to formal and informal resources, isolation, and coping.

Background

Because of the lack of structural support for caregiving in the United States and the intersections between structural racism and gender discrimination, we began this study with the premise that women with young children and few economic resources often experience some level of social isolation and encounter challenges when coping with their needs, either material or psychological. These mothers may lack access to the income, services, or peer supports they need to overcome these challenges, especially if they are of Black, Latinx, Indigenous, or Asian backgrounds. We believe that these women are also resourceful, motivated, and creative in supporting their families, and we wanted to understand some of the innovative strategies mothers pursue to make things work despite difficult conditions.

In this section, we give a brief overview of the literature that describes how and why mothers with few economic resources may not be connected with supports and what supports might be available to them. We also discuss how women might leverage various informal and formal support systems to cope with challenges.

Disconnection from Informal and Formal Supports

Raising children in the United States is hard, and it is harder for families with few economic resources. The US does not provide a comprehensive support system for parents with young children (Blank and Kovak 2007; Loprest and Nightingale 2018; Sandstrom et al. 2014). There is no guaranteed maternity leave or early care and education, and income supports for families with few economic resources are insufficient to meet basic needs.⁴ This weak system may cause parents, especially mothers, to sacrifice opportunities to further their education, pursue employment, or meet other personal goals (Sandstrom et al. 2014).

Rising economic insecurity for both women workers and women receiving public assistance has increased the need for public benefits (Loprest and Nightingale 2018). Nonetheless, a fairly large portion of women with children are disconnected from the formal labor market and public benefits. The percentage of single mothers with income less than 200 percent of the federal poverty level who were thus disconnected grew from about 12.5 percent in 1996 to 20 percent in the 2004–2008 period (Loprest and Nichols 2011; Sandstrom et al. 2014). One qualitative research study, which explored reasons why women are disconnected from employment and public benefits in Los Angeles

and southeast Michigan, found that reasons for disconnection from employment included limited child care options and limited job opportunities with hours that fit their schedules (Sandstrom et al. 2014).⁵ Reasons for disconnection from public cash assistance included reaching the Temporary Assistance for Needy Families program's five-year time limit or not wanting to apply because they feared their children would have to pay funds back later.

Furthermore, findings from our literature review indicate that two primary influences affecting disconnection among women with children are *structural racism* and *gender discrimination*:

- **Structural Racism:** Research has shown that interrelated structures within education, employment, housing, and other institutions make it disproportionately harder for Black, Latinx, Indigenous, or Asian people to provide for their families.⁶ These structures drive disparities in access to transportation, education, child care, high-quality jobs, and affordable housing near work, among other supports (Adams and Henly 2020; Gallagher and Chingos 2017; Karpman, Hahn, and Gangopadhyaya 2019; Stacy et al. 2020).⁷
 - » Evidence also indicates that the few formal economic supports for mothers with low incomes, including programs like Temporary Assistance for Needy Families and the Supplemental Nutrition Assistance Program (SNAP), frequently ignore systemic barriers that disproportionately affect people of color and especially Black Americans.⁸ Discrimination in these supports makes them less effective.
- **Gender Discrimination:** Women are paid less than men, despite having higher average educational attainment (GAO 2011). Strong evidence suggests this gap is related to gender discrimination and factors stemming from women's disproportionate caretaking responsibilities.⁹ Even in two-parent families, women are more likely to be the primary caretakers of children; in addition, single parents are more likely to be women (Staab 2015). Research has shown that women also adjust their careers for family life more than men, reflecting gender biases that are embedded in US society.¹⁰
 - » For example, the long-running child care crisis in the US has resulted in high costs of child care and limited financial assistance for accessing care, disproportionately pushing more women than men out of the workforce to care for their children (Schochet 2019). Many women already experience isolation as new mothers, so not being connected with employment can reduce available supports and deepen isolation.¹¹

Social Isolation

As just noted, women with young children frequently experience social isolation, or a lack of connection to social supports, which can increase loneliness and other personal struggles, such as ability to meet their own and their families' needs. Specifically, research has shown that the level of social isolation a woman with young children experiences strongly correlates with her ultimate feelings of loneliness (Arimoto and Tadaka 2021). In turn, loneliness may be associated with lower secure attachment between parents and children and higher psychological distress for mothers (Mandai et al. 2018).

Support Systems

Parents with low income are generally motivated to do well by their children and are resourceful, assembling a patchwork of supports for their families from both formal and informal sources (Sandstrom et al. 2014). This section reviews the context of some common sources of support, including *social networks*, *community-based organizational supports*, and *personal supports*. We also summarize how the *supports can work together to counter instability* and help parents meet their needs.

Social Networks

The term *social network* is used to describe the number of people someone knows and the extent to which the different people that a person knows happen to know one another (Clark 2007). Research suggests that social networks provide various supports:

- **Material Needs:** A stronger social support network is associated among low-income families with a lower likelihood of entering material hardship (Mills and Zhang 2014). In addition, data suggest that most families prefer to fall back on resources provided by family and friends when faced with situations of material hardship (Guo 2010).
- **Child Care:** Relatives or friends may provide critical child care support for families, particularly within families who face barriers to accessing the formal child care market because of location, cost, or mismatch between availability and need (Henly and Adams 2018).
- **Emotional Support:** Strong social networks and interpersonal relationships have a substantial impact on an individual's physical health and psychological well-being (Goldsmith and Albrecht 2011).

Community-Based Organizational Supports

Organizational supports provided by CBOs (including nonprofits and congregations) and through public benefits (e.g., Temporary Assistance for Needy Families and SNAP) can help individuals and families (Roman and Moore 2004). Research has shown that CBOs and public benefits work together to fill needs; that is, CBOs can play both complementary (partnering with government agencies) and supplementary (filling gaps left by government supports) roles to public benefits for people with few economic resources and other needs (Derrick-Mills 2015; Young 2000).

Community-based organizations have opportunities to serve their clientele more effectively. Suggestions from previous research include leveraging existing networks in families and communities to disseminate information and bringing services to people instead of making them come to the organization (Yoshikawa et al. 2014). CBOs are often limited by budgetary constraints and the need to constantly fundraise (Buteau, Brock, and Chaffin 2013). Additional research can help inform how CBOs could increase their impact within their resource constraints.

Personal Supports

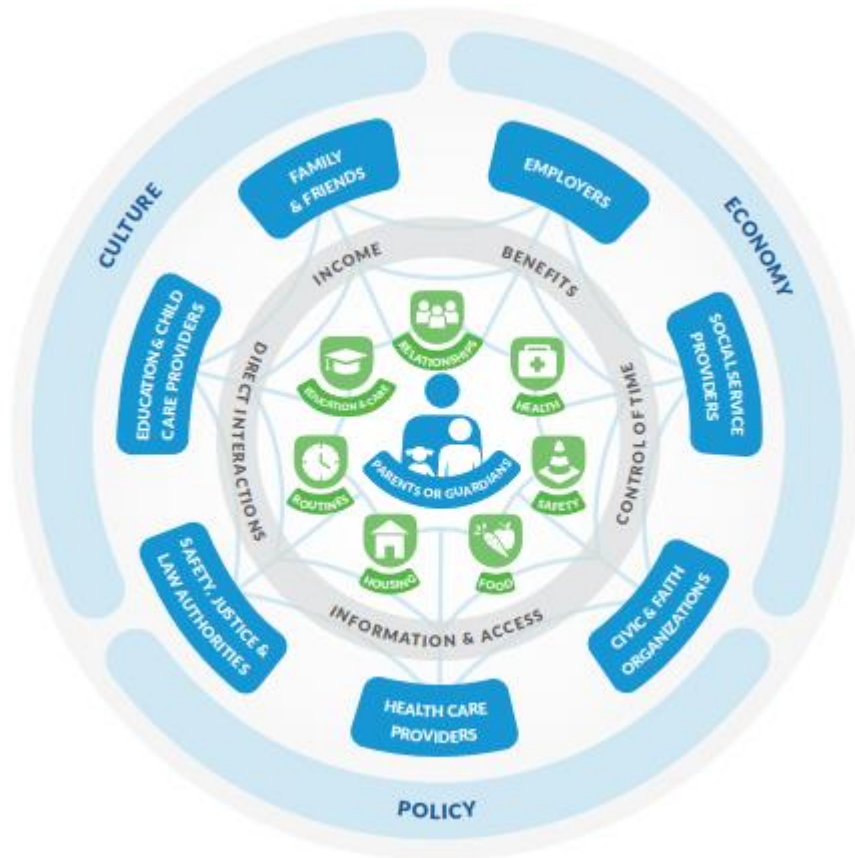
Personal coping mechanisms also may help people deal with challenging situations. These include individual or family-level problem-solving, relaxing activities, or exercise.¹² Personal coping mechanisms may help with emotional needs, and effective problem-solving can assist with tangible challenges, such as material hardship or child care access.

Instability and the Web of Supports

Social, organizational, and personal supports interact with one another to help women and families meet their needs and overcome challenges, including those associated with disconnection. A similar concept, developed in other research, is a *web of supports*, conceived as a way for families to combat instability in children's lives (see [Figure 2](#)).¹³ The web of supports shows that the extent to which children experience instability is related to the actions of *actors* (including parents or guardians—the most important stabilizers in children's lives—along with family and friends, employers, etc.), who play a role in meeting children's *core needs* (e.g., relationships, health, safety, etc.) and can buffer children from instability through different *mechanisms* (e.g., income, benefits, etc.). The entire model is shaped by economic, political, and cultural *contexts*. All of the model's elements are interconnected, forming a stabilizing network for children. We find this framework useful and reference it in our discussion of findings later in this report.

FIGURE 2

Web of Supports for Children



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Source: "Stabilizing Children's Lives—A Web of Stabilizing Supports," Urban Institute, 2014, <https://www.urban.org/policy-centers/cross-center-initiatives/kids-context/projects/stabilizing-childrens-lives-web-stabilizing-supports>.

The COVID-19 Pandemic

The COVID-19 pandemic widened women's and families' disconnection from formal supports. From the start of the pandemic to February 2021, nearly 1 million mothers left the workforce, with Black, Latina, and single mothers the most affected by this trend.¹⁴ The pandemic also affected the social, organizational, and personal coping mechanisms women leveraged to meet their needs. For instance, many formal child care options were curtailed, leading some families to seek more informal (e.g., family-based) child care solutions.¹⁵ In some cases, community-based mutual aid groups filled in with key supports for those whose needs had been exacerbated by the pandemic and who were not receiving sufficient government support.¹⁶

Efforts to contain the virus through stay-at-home orders and social distancing also limited the social networks that people were able to draw on for support while worsening social isolation and loneliness.¹⁷ People had to develop alternatives to accessing these supports, which could involve seeking more support from community-based nonprofits or relying on personal supports (Fluharty and Fancourt 2021). However, without social distancing efforts, the virus could spread far more easily, which also contributed to higher levels of parental distress.¹⁸

Contributions of This Study

This study examines (1) the disconnection, social isolation, and other challenges that single mothers with low income and young children may face; and (2) the coping mechanisms they actively leverage from various sources to face those challenges head on. We conducted this study during the COVID-19 pandemic, a time of particularly acute isolation that curtailed many women's support networks and access to needed services while reducing household resources because of large-scale furloughs and layoffs (NPR, the Robert Wood Johnson Foundation, and the Harvard T. H. Chan School of Public Health 2020). The pandemic may have prompted women to form new (perhaps technology-mediated) connections with CBOs, though CBO capacity itself may have been strained as demand for services grew rapidly while the organizations' workers had to operate remotely (sometimes while managing their own caretaking responsibilities). Against these conditions, we identify *positive, actionable* coping strategies women used to meet their caregiving responsibilities for young children. Understanding the challenges women face and the coping mechanisms they use, generally and in the context of the pandemic, could help inform new strategies to provide adequate support and ensure positive outcomes for mothers and children in the US, even after the pandemic ends.

Research Design and Methods

The study team used various techniques, including recruitment through social media, to identify women with children under age 5 who have limited economic resources as the focus population for this exploratory study. Working with Fondation CHANEL,¹⁹ the team also identified staff from several large nonprofit community organizations to interview. Located in the Midwest and Pacific coastal regions of the county, these organizations were ideal for this purpose because of their extensive networks of local partner organizations which help women through advocacy, capacity building, and/or direct service.

Research Questions

The primary research questions the team sought to answer were as follows:

1. What is the range of positive, active coping mechanisms that women with children under age 5 and few economic resources use to address caregiving challenges (child care, emotional challenges, and financial security), including formal and informal supports and strategies?
 - a. How are these coping mechanisms applied in the context of a health crisis where many traditional supports and networks are limited, and employment is tenuous?
2. How do and can nonprofit CBOs facilitate mothers' positive, active coping strategies?
 - a. How do nonprofit CBOs interact with government organizations, public benefits, employment, and personal sectors in supporting mothers?
 - b. What are the most effective ways that nonprofit CBOs can support low-income mothers of young children in meeting their caregiving obligations in order to potentially improve outcomes like economic security, child development, and overall family well-being?
 - c. How did the extent and types of needs change in the context of the pandemic, and what were the additional coping mechanisms?

Initial Partner Organization Interviews

To learn more about the CBOs working with the women we interviewed, we conducted initial interviews with administrators at the partner organizations to learn more about their structure and key activities. These discussions highlighted the kinds of supports and services that the organizations provided and the clients they served. Administrators shared their strategies for engaging with community members and building trusting relationships. These preliminary interviews previewed some of the main concerns and needs of the mothers who we ultimately interviewed. After these conversations, we revised the interview protocol to provide space for some of the themes the program administrators highlighted to emerge. In addition, these interviews helped us understand the extent of the difficult situations some of the women were facing, including backgrounds of domestic violence and homelessness, which helped us to be more sensitive and prepared us for issues that might arise.

Recruitment and Data Collection for Mothers

We wanted to talk with women who were connected with CBOs at various levels and for different lengths of time. Therefore, we took a two-pronged approach, recruiting from both our partner organizations and through Facebook advertisements. All respondents received a brief screening survey covering their demographics, household composition, organizational attachment, income, employment status, and location. Respondents received \$10 to thank them for completing the initial screening.

Our partners helped with recruitment by sharing the screening survey with participants or directly assisting with scheduling interviews. We asked them to focus on women with children under age 5 who had been in their programming for a short time (under three months) and a longer time (over one year), though the interview referrals represented a range of experiences, as discussed hereafter.

The Facebook ad focused on particular demographics and geographies. Women on Facebook saw an ad with the headline “Are you the mother of a child under age 5?” We targeted the ad to English-speaking women ages 18 to 45; with a child under age 5; living in geographic areas aligning with our organizational partners; and who had less than a college degree. The constraint on education was a proxy for limited economic resources, since lower income is not a filter available on Facebook ads.

We reached out to a subset of women who filled out the screening survey or were referred directly by organizational partners to schedule qualitative interviews. Interviews lasted 60 to 90 minutes and were conducted through a secure online video platform or phone call, adhering to Urban

Institutional Review Board guidelines for human subject protections under the unusual circumstances created by the pandemic. Interviews followed a protocol that sought to understand the mother's background, social supports, organizational connections, and goals and recommendations for organizations.

Interview Participant Universe

We spoke to 20 women: 10 from a large Midwestern city and 10 from the western coastal region. Seven interviewees were recruited through Facebook, and the rest were recruited through connections to one of the partner organizations. Our survey criteria were that interviewees identify as female, be mothers (biological or adoptive) with children under age 5, have household income below approximately 250 percent of the federal poverty level, and be comfortable carrying on a conversation in English. Most women we spoke with fit these criteria. A few women referred by organizational partners were slightly outside the focus population: we spoke with two women with multiple children just over 5 years old and with four grandmothers acting as primary caretakers (in one instance with legal custody). Respondents were ages 25 to 65, and the average respondent was 37 years old. Interviewees identified as white, Black or African American, or Latina. Three respondents were not born in the United States. Over half the mothers we spoke to were single parents; four were married, one was engaged to be married, and one was in a long-term relationship but not cohabiting.

Analysis

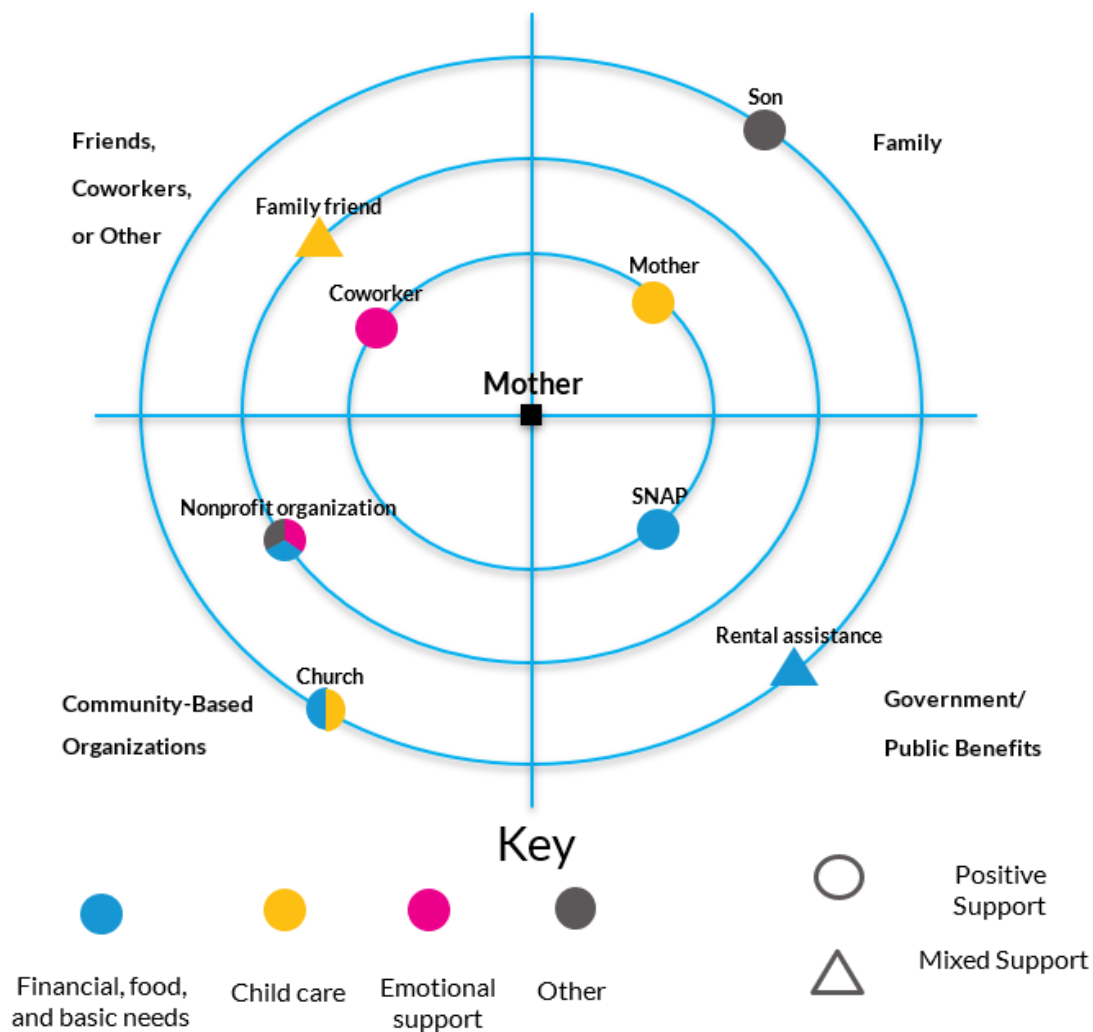
After completing the interviews, we created a coding sheet that summarized the following from each discussion: personal background and situation, coping mechanisms and support networks, organizational supports, changes over time (in particular as they related to the pandemic), and general reflections and comments. To highlight emerging themes, we broke down each category into subcategories to understand patterns across interviewees. From this review, common themes emerged, which we paired with examples and quotes from interviews.

Sociograms

A key portion of our analysis arose from visualizing interviewee networks in sociograms, which are diagrams of an individual's relationships that depict closeness visually. These allowed us to

conceptualize and illustrate interviewees' "support networks" and analyze each women's personal web of supports. In the sociograms, we located both individuals and organizations to show each mother's support networks holistically (see example in figure 3). We placed the mothers at the center because they manage and curate their own support networks, regardless of source (e.g., from her mother or sister, an organization, or public benefits). Each woman mixes informal and formal supports to meet her and her family's needs. These supports help each mother cope with child caregiving and other needs by combining financial supports, emotional supports, child care supports, and others (such as referral services or coaching).

FIGURE 3
Example Sociogram



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Critical Needs and Conditions

The women we interviewed faced critical needs that were shaped by conditions in their lives, which we discuss in this section. *Critical needs* are the ongoing challenges that mothers meet through coping mechanisms (discussed later under “Findings: Coping Mechanisms”). Critical needs could be tangible, such as child care, basic requirements, housing, and transportation. They could also be intangible, such as personal and emotional needs.

We also discuss the women’s needs in context of the conditions that affected them. *Conditions* are things broadly outside a person’s control, factors that describe the way things are, or the situations they come from.²⁰ Conditions around the availability and quality of child care, employment, housing, and transportation impact the level of need in these areas, and may interact with one another. Immigration status, cultural values, history of domestic violence, partner and family support, and accessibility and existence of supports in a certain area are overarching conditions. The conditions of systemic racism and gender discrimination further increase women’s challenges.

In each of the following sections, we address the impact of the COVID-19 crisis, which made several of these challenges more difficult. However, many of these needs and conditions existed before the pandemic and will likely continue after it.

Tangible Needs

Tangible needs are material needs that support basic survival and securing a livelihood through a job or other income sources. In the context of this report about how mothers of young children cope with being low income, tangible needs range from ensuring child supervision to securing food, shelter, and transportation.

Child Care

The number and ages of children affect women’s child care needs. All but two of the women we spoke with had at least one child under age 5. Many women spoke of the ongoing challenge of ensuring they had reliable, regular, affordable, and accessible child care. Coordinating child care is time consuming and expensive for mothers. The nonprofit administrators we interviewed highlighted how they heard repeatedly about the need for child care, particularly affordable child care from trusted sources. One

administrator at a nonprofit located in a Midwestern city shared that in the private market, child care could cost as much as \$1,000 to \$1,200 a month without assistance from a child care subsidy.

Kayla (all names have been changed), one of the mothers we interviewed, juggled child care among several people in her social network to accommodate her work schedule. She described how managing this complex schedule felt and the additional stress it caused her.

So now I can only work between 10 and 2. And this one day out of the week, I'm always pushing it and I have to depend on someone else to pick up [my daughter]. It's like pulling a Chance card in Monopoly because I have to figure out who's going to pick her up, if they can pick her up, and transportation for her. . . It's compounding stress is what I call it, because I cannot figure out—it's hard for my job and it's hard for me to navigate this.

Concerns over trusted sources of child care was also a big concern for many of the women, an issue also voiced by CBO administrators. Sofia spoke of her fears:

Yes, I'm at home caring for my kids. You can't trust people nowadays. People can be crazy, people killing kids or not having patience with them. I'm like 'no, I want to take care of my kids.'

Child care was also disrupted by the pandemic as providers closed and only reopened sporadically, if at all, further exacerbating the perpetual underprovision of affordable, quality care (Adams and Henly 2020). So what is usually a difficult configuration of schedules was further complicated by unpredictable closures. Many women had to try to work from home while caring for their children, as a result of stay-at-home orders and child care closures. Some had to scale back to part-time work or leave their jobs altogether.

Basic Requirements

Employment is not only a source of financial resources but also can be a venue for other critical supports (e.g., health insurance or social interaction). Lack of employment can thus produce numerous challenges. Many women we spoke to were financially on the edge, had stress about meeting their basic needs (including food), and worried about how everything would come together. Brianna put it as follows:

I have a lot of gaps in my life. I mean, I try to make the best of it, but I am struggling. I am struggling financially, hard. It's hard. . . . I don't make absolutely enough money to take care of [my four children], and sometimes I wonder how bills get paid each month.

Immediate needs took precedence over everything else when these women allocated limited financial resources. Amanda said:

I don't have the luxury of time to think about future worries. I'm on an hour-to-hour, day-to-day life.

Even though many of the women we spoke to received food assistance, such as SNAP, they still had a hard time meeting their families' daily food needs. Samantha, a mother with many children, expressed:

It's a challenge. I'm a single mom with [many] kids on one income. I don't get no funding, I only get food stamps. If it weren't for coronavirus food stamps too, I'd only get 15 dollars per day.

The pandemic placed an additional financial burden on many women because of job loss or reduced work hours, making it harder to meet daily basic needs. Monica spoke of the additional pandemic-related stress and the mental toll it took:

Yeah, you know I like to shop, so it's like, man, I don't have any shopping money! I don't have my lashes did or my nails did—I'm feeling kind of ugly because I'm used to pampering myself, pampering my kids, and it's like you know how it is when your money ain't right and you're used to making this much money and now you have to make this work. I'm just tight.

On the other hand, the pandemic also increased the supportive resources being offered by government and CBOs and often loosened the requirements to receive supports, helping to offset the pandemic's financial burden.

Affordable Housing

Housing plays a large role in a family's ability to deal with life's occasional challenges because it provides consistent shelter, safety, and belonging. Many women we spoke with struggled to afford housing, both in terms of maintaining current stable housing situations and finding housing that would meet all their families' needs. At least a quarter of the women we spoke with had histories of homelessness. In some cases, these instances were related to domestic violence. The high cost of housing presented a major barrier. As one West coast mother put it simply:

This rental thing is out of control, I don't know what to say about that. The rental stuff though, it's just so expensive.

She felt more support with housing costs would have made a big difference.

Even those with relatively stable housing expressed a desire to be able to change their housing situations to meet space needs for growing families and their own privacy. It was clear that, in these

areas, public benefits and organizational supports were falling short for women, despite their efforts to seek the support. Regarding organizational aid, Kayla shared:

I've tried so many times to move. I've tried programs that like temporarily help you pay for housing, the amount of money I [get] is so small that people wouldn't even accept those programs helping me pay rent.

And regarding availability of government benefits, Kayla said:

Like if I were to do something like Section 8 it would be different, but here in [my city], Section 8 is a 10–15-year wait.

Transportation

Another critical need for at least some women we interviewed was transportation. Transportation is a perpetual problem in some areas—one the pandemic made even more difficult—and can be a source of isolation. In some instances, interviewees' jobs were barely covering commuting costs. Kayla had been using Uber to get to work because the commute via bus involved many transfers, took over an hour, and was difficult with two young kids. She strongly preferred Uber, but the financial impact became huge during the pandemic because of COVID-19 and winter-related surge pricing. An Uber ride to get to work that previously had cost \$10–\$15 increased to \$30–\$50. Kayla's part-time job did not pay much, and she described Uber rides as taking up most of her limited income. Brianna shared a very similar story, expressing that public transportation was insufficient and the rising cost of Uber had disrupted the way she usually managed her schedule.

Other women also had difficulty with reliable transportation either for work or getting children to child care. Alicia moved with her two young kids during the pandemic, leaving her husband, who was a domestic violence perpetrator. Her new apartment was a 30-minute drive to her son's child care, and she did not have a car. If she could have transported her son to child care, she could have gotten a job, but transportation was an insurmountable near-term barrier.

Intangible Challenges

Intangible challenges include emotional, social, and health needs and wellness. Women with limited resources have personal and emotional needs that are particularly challenging to meet, sometimes from a lack of time or money, other times from inflexible schedules that do not permit breaks. Many of the women we spoke with expressed a sense of burnout or exhaustion.

Several women also needed a short break from their kids, even just a moment to themselves. Kayla expressed, “So honestly if I need a break, I really don’t get one. I just have to deal with it.” Tiffany shared about the personal toll of her stress, partly because she could not take time for herself to go to the movies or have a girls’ night.

For many women, stress was related to their past. Amanda left a domestic violence situation and said of her current well-being:

In exchange for peace, in getting out of my domestic violence relationship, I have now embraced a chronic stress level to be the one working and taking care of my children. I'm supposed to do it all, I can do it all, and I've chosen to do it all, because the price of peace and children being in a violence-free home is worth more to me than anything in the world.

Effect of the Pandemic

Many mothers reported that their levels of isolation and mental wellness were further harmed by the pandemic. Stay-at-home orders disrupted social lives and reliable child care. The pandemic also exacerbated social isolation and poor mental wellness through grief and loss. At least two of the women we spoke with had lost a loved one to COVID-19. Michele had lost a close family member and was dealing with a lot of grief when we spoke with her. The tragic loss was made more difficult by her heavy reliance on the family member for child care and both emotional and financial support. Other women, particularly those with older relatives, were more concerned relatives would fall ill during the pandemic, which limited the support those relatives were able to provide. Some of the women fell ill themselves, disrupting their schedules for some time.

Findings: Coping Mechanisms

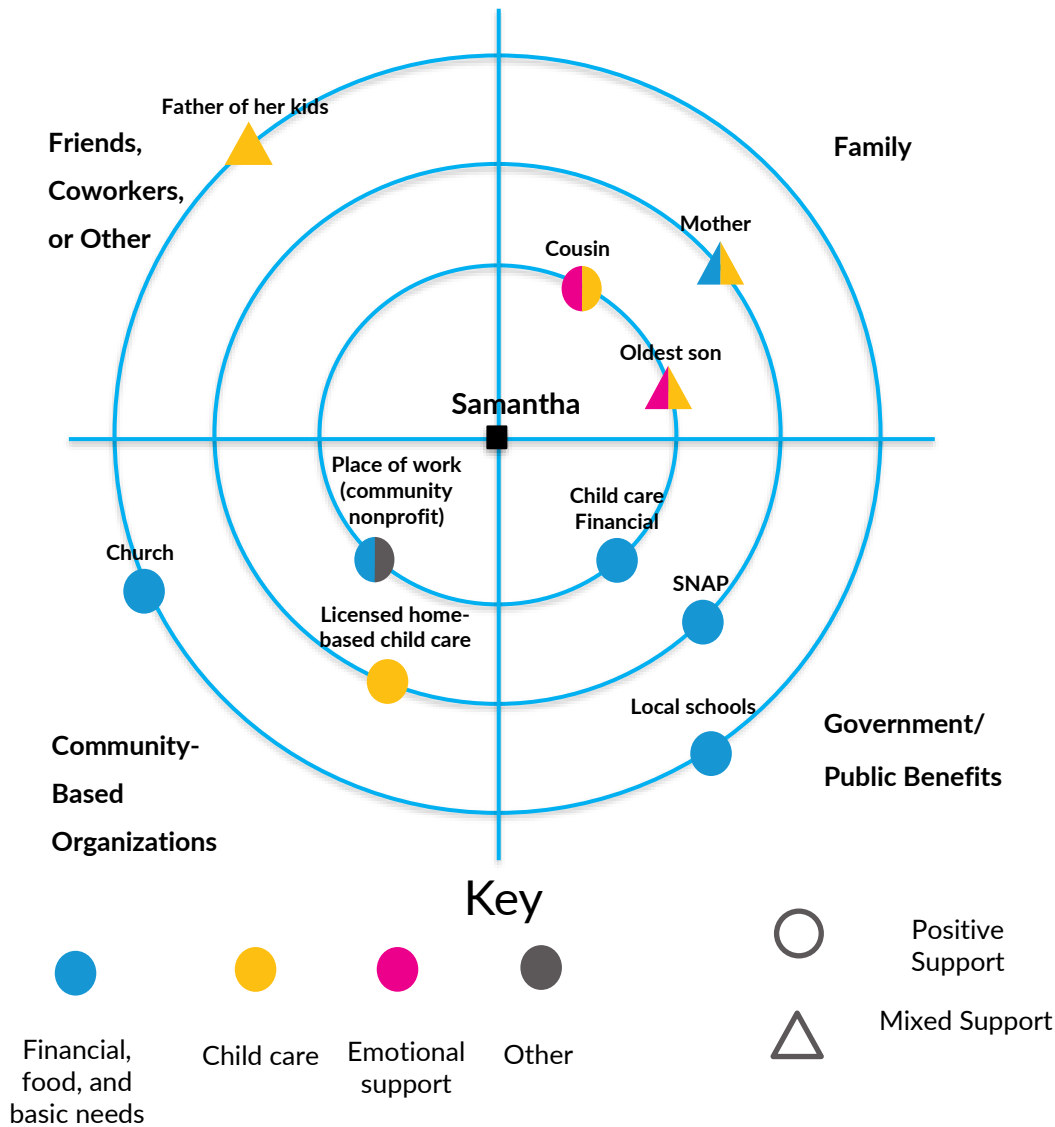
To meet their critical needs, women innovated and persevered to leverage different kinds of coping mechanisms, forming their own webs of supports. The coping strategies women used fell into two main buckets: strategies relying on formal and informal support networks, and personal coping strategies. The sources of supports women relied on for their network included (1) friends, coworkers, or other nonfamily connections; (2) organizations; (3) the government (including public benefits); and (4) family. All of the coping strategies were affected by the pandemic, including the manner in which the supports were received and the supports themselves.

The supports women leveraged varied in a few ways, including by the number of supports accessed, the source of each support (social connections or organizations), its purpose (which needs it met), its usefulness, and its positivity (whether they were purely beneficial or partially detrimental; e.g., a family member with whom they had a strained relationship). The sociograms we developed for this report (most of which can be found in the appendix) depict each of these elements as follows:

- The **number** is represented by how many supports there are on a sociogram.
- The **source** is represented by what quadrant of the sociogram a support is in.
- The **kind of support** is represented by the color of a support (see key at the bottom of a sociogram for the color descriptions).
- The **usefulness** is represented by the ring of a sociogram that a support is on (innermost being the most useful or reliable, outermost being the least useful or reliable).
- The **positivity** is represented by the shape of a support (see key at the bottom of a sociogram for the shape descriptions).

The sociogram in [figure 4](#) shows an example of how these supports can vary. Samantha leveraged a number of supports from different sources to meet her needs, though the supports varied in what she used them for and how useful they were. Also, some of the supports were detrimental to her in certain ways.

FIGURE 4
Samantha



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BOX 1

Narrative of Sociogram “Samantha”

Samantha was born in the south and moved to the north and the west during her childhood. She was single and had many children, ages 4 to 18, some of whom had special needs. She also had a granddaughter, the baby of her teenage daughter. She had been in a relationship with a domestic violence perpetrator, the father of some of her kids, for several years; had experienced homelessness; and was recovering from drug and alcohol addiction, for which she spent time in rehab. She worked as

an advocate and lived in a one-bedroom apartment with two of her kids. She had lost custody of her other kids and was fighting with the court to try to get them back. Her biggest hurdle to regaining custody was finding an affordable apartment large enough to house all of them.

Samantha faced challenges in her life, including providing child care for her youngest kids, making enough income to meet her financial and basic needs, and accessing mental health support for herself. She drew on government financial support to afford child care; familial and friend support for financial, emotional, and child care needs; support from her place of work to get basic goods and knowledge of other possible resources; and her church and local schools for basic goods. However, not all of the supports she accessed were purely positive—some were taxing to her. This was true of her mother, who she described as follows: “My mom is 50% my support system and 50% losing her mind. [But] I’m able to talk to my mom on a level where we can work as a team for the best interest of my daughter and my granddaughter.”

Samantha also relied heavily on her own resourcefulness and perseverance to do the best that she could. She was an effective “couponer,” was able to find side jobs to bring in a little extra income, and gained access to other basic needs through her place of work. Samantha described herself as a “walking resource” and added that although she was doing all right, she could always use extra help from organizations or governments in order to help her kids.

Social Support Networks

Many mothers we interviewed had some form of family and friend supports, who provided help across several different areas, including basic needs, child care needs, and emotional support. Social support sources are depicted in the two upper quadrants of the sociograms.

Family

Family can take many forms. Some mothers reported that they were well supported by reliable partners, though others were not married or in steady relationships. Many mothers noted they sought support from their own mothers, sisters, aunts, or other family members. Mothers with older children also spoke about the benefit of having children old enough to help care for younger siblings and aid in maintaining the household. Nonetheless, the quantity and quality of familial support provided to the women we interviewed varied widely. Also, the size of the family was not necessarily related to the quality of support they offered. Large families sometimes could be draining, and small families could be very supportive.

For instance, Emily, a mother from a Midwestern state, had a small number of social supports, but reported that she got nearly all of her support from her fiancé and his mother. Her fiancé was the primary earner in her family and his mother was a trusted person she could rely on emotionally and for child care. The sociogram in [figure 5](#) (see appendix) reflects Emily's utilization of these two main familial supports, both of which were positive and helped her meet multiple needs. A few other women spoke about how they leveraged their older children for child care support and emotional support. They also mentioned that this was a mixed source of support, as these children often wanted to be out with friends or to find a job to bring home income instead of being a second caretaker for their siblings.

The conditions women faced in their lives also influenced the familial coping mechanisms they had available. For instance, cultural and family values may affect the level and type of support a mother could get from her family. Amanda (sociogram in appendix, [figure 6](#)) looked to leverage her parents for emotional and financial support after fleeing with her daughters from a partner who was a perpetrator of domestic violence. However, her father did not support her in this decision, and she referenced her cultural background as a reason:

I left my husband and took what I could, including clothes, toys, and my car. I started from zero, but from a place of a lot more power. Someone like my mom couldn't have left—she didn't know the language, or have status, or a job. My father didn't support my exit, he made life hell. As a Hispanic or Catholic daughter, you're not supposed to do that.

Family support and the manner in which it was conveyed changed as a result of COVID-19. Some family members passed away, and others (particularly the elderly) were more hesitant or unable to provide support because of health concerns. Many families used technology to communicate with one another. For example, Jessica gave birth to her daughter during the pandemic, but her mother and the rest of her family were unable to visit her in the hospital because of COVID-19 restrictions. She was able to speak with them over the phone, but being physically alone during and after childbirth was emotionally challenging for her.

Friends, Coworkers, and Other Social Supports

Many mothers reported that best friends played a special role in providing emotional support and were able to help in other ways at times. Other friends, coworkers, and therapists also provided emotional and other supports. Notably, as we discuss in the following “Organizational Support Networks” section, sometimes mothers regarded counselors or caseworkers from CBOs as friends, too, especially if these staff members were perceived as caring for mothers’ emotional well-being and helped them secure tangible support for their families.

Friends were frequent providers of emotional support. Several mothers spoke about having a particularly close friend or two they could always go to if they needed to talk with someone. Kayla shared that she and her best friend texted every day and that this friend was one of two people (the other was her aunt) with whom she could honestly share her concerns. Monica (sociogram in appendix, figure 7) spoke about the emotional support from her best friend:

Well, I have a best friend, we grew up together, we graduated from high school together, and we’re still real good friends. . . . He gives me good advice, and he motivates me sometimes. When things are getting the best of me, he’s like ‘you’re strong, you can do this, you got me and I’m here for whatever you need—don’t hesitate.’ That’s really who I talk to.

Friends and coworkers sometimes provided tangible supports as well. For example, Stephanie (sociogram in appendix, figure 8) related how she experienced homelessness for about three months in 2020. To meet this challenge, she leveraged the support of a coworker, who was also a friend, to house her and her two children for a few months. This allowed Stephanie to get back on her feet financially and find another place to live with her children afterward. Another mother, Sara (sociogram in figure 9), spoke about how one of her friends provided in-home family child care for her child for six hours a day, four days a week. This allowed Sara to spend more time working and bringing in income.

The mothers we interviewed adjusted how they received support from friends on account of COVID-19 similarly to how they adjusted receipt of familial support. More people used technology to communicate, and some friends were more hesitant to provide in-person support because of health concerns. Kayla’s friend with whom she texted every day would sometimes pick up her kids before the

pandemic, but because the friend was a nurse, Kayla had been unable to see or get help from her friend since the onset of COVID-19.

Leveraging Familial and Friend Supports Together

Research has shown that most families prefer to fall back on resources provided by family and friends before approaching organizations or government for support (Guo 2010). We saw that same theme in our interviews.

Some mothers, like Stephanie, relied heavily on a combination of social supports over other supports. Because Stephanie was unable to access organizational supports, she was innovative in connecting different sources of informal supports to meet her critical needs. This is apparent in her sociogram (appendix, figure 8).

Brianna (sociogram in appendix, figure 10) remarked that her strategy of pulling resources together was heavily influenced by the example her mother and grandmother had set for her as a child:

I was blessed, even though we struggled. The way that my mother and my grandmother maneuvered things, we didn't know we were struggling when we were children until we got older and could actually see it. You know, we never felt the struggle. I never knew that my mother cried in the room at night because she didn't know how she was going to feed us the next day, because she did the best that she could. And I know that now that I'm a mother, I know that that's a great load to carry, as a mother—when you can't do this or you can't do that. But you know you don't want your kids to know that I can't do this or can't do that.

Different supports may fill distinct roles, and sometimes there are gaps. In the interviews, we asked respondents who they would go to first for different types of supports. The responses from some of the interviewees appear in table 1. Some had a very limited network, naming the same person who was not a direct relative (e.g., Emily) or organization (e.g., Sara) for everything. Others had a more

diverse network, like Kayla, who leveraged a robust familial support network, and Cristina, a mother from the Midwest who combined family and friends with organizational supports.

TABLE 1

Who Would You Go to First if You Needed Help with . . . ?

	Emily	Kayla	Cristina	Sara
Financial needs	Boyfriend's mother	Grandma	Family	Nonprofit organization
Groceries/basic supplies	Boyfriend's mother	Grandma	Nonprofit organization	Nonprofit organization
Child care	Boyfriend's mother	Dad	Sisters	Nonprofit organization
A place to stay	Boyfriend's mother	Grandparents	Mother's house	Nonprofit organization
Someone to talk to	Boyfriend's mother	Best friend	Friends at church	Therapist

Source: Authors' interviews.

Organizational Support Networks

Many of the women we interviewed leveraged some organizational supports for help with basic needs, child care, emotional support, and other needs. In this report, we sort organizational supports into two buckets: CBOs (including nonprofits and congregations) and governmental organizations (which administer public benefits). Organizational support sources are depicted in the two lower quadrants of the sociograms.

Community-based organizations

Community-based organizations can provide a gap-filling role when a person cannot meet their needs through personal social networks alone. CBOs can help people access other supports outside of what the CBO offers and also build new social networks.

Many mothers described their interactions with CBOs, especially the two organizations from which we recruited half the interviewees. Samantha actually worked at a CBO, and she used her job as a way to get free clothing for her children, allowing her more resources for other needs, such as housing. Gabrielle and Natalie shared how a CBO had provided Christmas presents for their kids, food deliveries, and cleaning and sanitizing supplies during the pandemic. This organization also helped connect and refer them to various public benefits and other resources.

In some cases, the mothers told us how CBOs filled an emotional support or social facilitation role. For instance, a number of the women we spoke with had developed close relationships with Rayanne, a key staff person at a woman-centered CBO in the city where they live. For several of these women, this relationship felt more like a friendship than a relationship with an organization. Tiffany shared that the first person she called when she needed someone to talk to was Rayanne (see sociogram in appendix, figure 11). Michele said that Rayanne had offered to babysit her kids so Michele could attend a class to get a certificate, which would help with her job search. Michele also noted that Rayanne was ubiquitous—everyone seemed to know her:

You could go into [neighborhood] and probably 1 out every 40 women know about Rayanne. That's the truth.

Monica also held up the importance of the balance of informal and formal help she received from another CBO, speaking to the mix of job referrals, basic needs support, and new friends she acquired as instrumental to her ability to manage her own household needs and help other mothers in her network:

I had a relationship with [the staff] where I could pretty much talk to them like they were one of my friends, and they would help me with whatever. And because I knew about them, I could help others. I'd say, 'Look, baby, go up to [nonprofit organization] and let them know what you're going through, and they can assist you. They've helped me with so much . . . rental assistance, clothing, you know—just spreading the word.' When they have little programs and or little events happening in [neighborhood], I was always supportive. I would bring others.

Other mothers pointed to how the CBOs they were affiliated with helped them expand or create new social support networks. Sara participated in a mothers' group coordinated by a CBO that helped

her across many needs ranging from financial to emotional to child care. The supports and relationships among the mothers were reciprocal, which was important to her.

Churches and other places of worship can play an important role among CBOs, and at least five of the women we spoke with accessed supports from their churches. Cristina got financial assistance to pay for her apartment from her church congregation. She found that she could talk and connect personally with the people at church too, although she had not been able to see them during the pandemic.

Mothers also occasionally benefited from CBOs that acted as resource hubs. Monica shared how her children's preschool program served many roles, especially after the start of the pandemic. It opened as an e-learning station and day care for the neighborhood children; provided clothing swaps, food drives, and basketball camps for kids; and took a personal interest in families' wellbeing. The program manager brought cleaning supplies and masks to Monica's home when Monica contracted COVID-19. Lauren, a mother from the same city as Monica, shared a similar experience with her job training program, which connected her to a large network of CBO supports. She felt good about accessing this referral network because they came from a trusted source rather than unverified sources on the internet.

Mothers further benefited from CBOs that empowered parents to be their own advocates and helped connect them—and taught them how to connect themselves—with other resources. Sara shared how the CBO she leveraged helped her improve her self-advocacy skills and learn how to better interact with staff at government agencies. She credited what she learned from these experiences as a key factor in successfully getting a child care voucher, which provided a crucial support to cover the cost of care for her daughter. CBOs can help mothers learn how to be more resourceful for themselves.

Government Agencies and Public Benefits

Government agencies, and the public benefits they provide, can help women meet basic or financial needs, though there are frequent challenges in accessing these supports because of bureaucratic processes, strict eligibility requirements, and other access difficulties.

At least 16 of the women we spoke with received some public benefits through the government, including SNAP; the Special Supplemental Nutrition Program for Women, Infants, and Children; health

care support (Medicaid); child care support; housing assistance; utility assistance through the Low Income Housing Energy Assistance Program; tax credits; and disability income.

Besides mentioning these resources, women did not make government assistance a major theme in our discussions of coping. For low-income mothers, public assistance sometimes helped fill gaps between other supports they had pieced together. While they appreciated public assistance programs when they could access them, they were not at the forefront of their daily coping strategies, in some cases because the mothers perceived these resources took a lot of effort for a relatively small payoff.

Kayla for instance, said of SNAP:

Of course, I tell people all the time because SNAP is supplemental you wouldn't expect it to cover everything.

Others expressed frustration with long waits for housing supports that make housing assistance essentially inaccessible. Brianna thought the amount of help from programs like the Low Income Housing Energy Assistance Program were lacking:

I may take a \$1,000 bill to them, but they say 'well, I can help you with \$200 on that,' and that helps a lot because it's \$200 I didn't have, but I still have this \$800 bill and I'm not bringing in enough income. That's still hovering over my head.

Personal Coping Mechanisms

Along with relying on support networks to help them cope with isolation and their critical needs, participants also drew from internal personal coping mechanisms to support themselves. Many women reported that these mechanisms were important to keep them moving to meet their day-to-day needs and set themselves up for fulfilling long-term goals. We heard a broad range of positive, active coping strategies that women employed to deal with the challenges they faced.

Being Resourceful and Problem Solving to Meet Needs

Many women spoke about meeting their needs creatively. These strategies were particularly important for women with limited support networks. Several mothers discussed budgeting their money and tracking their spending to meet their own and their children's needs. Mothers were able to make things work by alternating which bills they paid, having relatives or others support them by helping bring baby food, selling old clothes and shoes, and using food pantries or other nonprofit supports.

Some used coupons to save money while purchasing goods for themselves and their children. For example, Samantha shared:

I'm a coupon mom. I will go in a store and spend \$236, and when I'm done, I pay \$50 in cash with my coupons. I've been doing this my whole life, couponing. I teach my kids how to coupon. It's so valuable.

Some mothers got creative about how to get needed income or items for their basic needs. Some used platforms like Craigslist or Facebook to find out about and access free resources near them, like baby formula and diapers. Amanda shared that she and her daughters would drive around her area and pick up free goods on the side of the road. She would then resell them to bring in a little extra money. She also picked up scrap items made from wood to use as firewood at home. Lauren had been doing food delivery service runs whenever she got the chance to make extra money while the pandemic temporarily postponed her job training program.

Other mothers noted that they only had small windows of time to run errands, such as doing household chores or going to the grocery store or bank, so they learned to be extra efficient. For instance, Alicia spoke about how she would use the one to two hours per day when her ex-husband came to watch their children to run errands, cook, clean, and do other tasks.

Many women were proud of their ability to pull resources together from many sources. Brianna shared:

So I never really asked for support—I kind of learned how to do things and manipulate things around. How I can get them done for me without asking for much assistance at all?

And Samantha encapsulated this spirit when she said:

I'm a walking resource, and I'm not suffering, but yes, I can always use extra help from organizations or government if it's provided to me. But if it's not provided to me, I want to do what I got to do as a mom, to help these kids.

Other Personal Coping Mechanisms

Mothers also had many innovative ways to help support their own emotional and mental health. These included curating their own passions, engaging their children with activities, taking time to relax with media, practicing religion, exercising, and seeking mental health care when needed.

Some mothers discussed having additional passions or hobbies, outside of their own jobs, that they would do in their limited free time to help others, grow their careers, and/or make themselves feel good. A few were advocates in their communities to help others access resources. Amanda, a public interest lawyer, served as a volunteer judge, which was a fulfilling way to spend any leisure time she had. She aspired to become a court-appointed judge.

Many of the women we interviewed spoke about how they would creatively plan activities for their young children, which helped entertain themselves and their kids. These included going on family hikes, taking car rides and local beach trips, or turning chores into fun activities. For instance, Michele shared how she loved taking her daughter to story time at the local library. Sofia described how she had game days with her children, using Pinterest as inspiration for fun ideas. She described coordinating activities with them at home to keep things interesting during pandemic lockdown, like camping in the living room. Natalie shared that she maintained an online learning schedule along with her children (she herself was in school, pursuing an associate's degree).

Other common activities that mothers turned to for mental breaks included using social media, watching TV, and reading books. Kayla said she enjoyed reading and watching YouTube for entertainment and to “keep her sanity.” Grace shared that she enjoyed watching TED talks. A lot of mothers had sought out mom support groups on social media and sometimes would use these to look for resources or ask for help. Many women also noted that they spent time praying or reading the Bible to cope. Brianna explained:

I don't go to church but I am very prayerful, and I just pray. [I] keep us optimistic and a positive outlook on it, and I know that it's the same thing my mother always told me, 'God is not going to put any more on you than you can bear.' So I keep my faith and I pray.

As noted, one of the most frequent positive coping mechanisms was texting, talking, or visiting with friends and family members. Social networks appeared to be the biggest support the mothers drew on to maintain their own wellness.

THErapy AND MENTAL HEALTH CARE

Mental health needs were also acute among the mothers we interviewed. Some mothers deployed “push-through” coping strategies to keep from becoming overwhelmed. As one mother described:

For the most part I just kind of suck it in and keep moving and that's kind of just what you gotta do. . . . I can't do that with my kids, so I'll do things like get up at 4 a.m. and like cry in the shower, you know. But I gotta let it out, because if I have that energy, my kids are gonna know that something's wrong.

Another mother combined journaling and symbolic expression to deal with emotional stress:

I would never talk about with anyone about what's going on with me . . . I'd go in a bathroom and cry about it in that type of situation. Or, you know, deal with it and get a couple moments of alone time and collect my thoughts, maybe even write something down, burn it up, and then I move on because I never wanted to stay in that feeling. . . . It was never going to solve anything.

A quarter of the mothers we spoke with had therapists they saw regularly. At least two mothers had sought the support of a therapist after leaving domestic violence situations, one mother was connected to therapy through a shelter, and two sought help after experiencing postpartum depression. One had received treatment as part of preventive health measures, covered by Medicaid.

Some mothers spoke about how anxiety medication had helped them, as one shared:

Yeah, I still have my days but for the most part I feel more balanced. I still feel overwhelmed—some days it works, some days it don't—but for the most part, I know if I wasn't taking [the medication], I wouldn't have as many good days—decent days as I do, because I'd just feel like crap if I didn't take it.

Impact of COVID-19

The pandemic affected mothers' personal coping strategies, especially their ability to get out of the house either for themselves or with their kids. Many also had their regular routines disrupted by job loss, schedule changes, and child care facilities closing. A number of mothers reported having to watch their children more than they would have prior to the pandemic. They often found it challenging to balance working from home or job hunting while caring for a child.

For a few women, the pandemic afforded new flexibilities that made it easier to balance a career with their family roles. For example, it was easier for Amanda to work remotely:

Then with the pandemic, I thank the lucky stars because they told me I have to stay home. It helped me save money and then I was able to work fulltime at home too. In my circumstance, I dread I may sound tone deaf, I was able to serve my clients [as a professional], do my job, and save myself some money. And make sure my mom wouldn't have more health effects because she's elderly. So the pandemic actually helped me in that way.

Pulling Together Coping Strategies

Though policymakers and researchers often focus on helping resources in silos—focusing, for example, on food or housing insecurity in isolation from other needs—our interviews revealed that mothers with low income must combine multiple resources to fill gaps. In this way, they served as their families' most crucial service “providers,” combining all of the formal and informal supports available to provide for themselves and their children as best they could.

Most of the mothers we spoke to were remarkably successful at filling gaps; none felt they were gaining ground, however, with most saying they were backsliding or simply holding on, especially in the pandemic context. One mother, Stephanie, was just above the income threshold for almost all supports, both from government and CBOs. She had experienced homelessness and other challenges, all while maintaining her low-paid public service job. She expressed a sentiment common among the many interviewees who could not access crucial public supports like rental assistance:

I'm a single mother with two kids, I should qualify for everything. I don't make \$100,000, I make \$40,000. The cost of rent is so high. My kids need entertainment, and I need certain things too. But we're really neglected—no one wants to reach their hands out to us. My boys need space in an apartment. But people are like, 'You have enough.' So I try to come up with ways to cope with what I have. But the way everything is, it just feels like you really want to give up. But when I see my kids, I have to keep pushing forward because they need me. I have to do what I have to do to support them.

Likewise, Monica combined public benefits with support from her kids' school, a local CBO, her aunts and other family members, her best friend, and her children's father to cope, adding:

You've got to pray, you've got to believe, you've got to trust it's going to work out. And I pretty much believe that's what got me through—my grandma, God, and my family, and my friends and things of that nature. But a lot of things that I have, a lot of people don't have. . . . Most mothers out here, they just really need support. They don't have a support system. And it's hard.

As with many of the women we spoke to, Monica also provides support to others as she can, recently becoming a foster parent so she could take custody of a family member's child rather than see the child put into the care of strangers.

Findings: Goals for the Future

Though their progress was often slow, the mothers we interviewed expressed many goals and hopes for the future. Coping strategies enabled them to work toward some of these goals, even with limited economic resources, but less-connected mothers felt other goals were out of reach. In addition, many of the public and private supports the women accessed focused solely on stabilization rather than long-term goal achievement. Often the goals women expressed ranged well beyond simple job success to longing for greater independence for themselves and social standing for their children. This finding validated the insight of the US Partnership on Mobility from Poverty, which defines *mobility* as having three components: economic success, power and autonomy, and belonging to community (Bogle et al. 2020).

Housing and education were among most women's top goals. Nine of the 20 interviewees directly spoke about owning a home or moving out of their current situation as a goal for the future, and many women mentioned wanting more space. Samantha spoke of the desire to have a house, saying:

I want to be a homeowner and have my kids all in my house. That's all I want. I just want to have my kids.

Women who were sharing spaces with many family members expressed the desire to have larger homes or homes with more privacy.

More than half the women we spoke with wanted to go back to school or change careers. Some also mentioned the need to eliminate daily worries first. Stephanie was one of these mothers:

I'm possibly looking into a career change. I've been looking into other fields. I want to start my own business in the social services space, to be able to help people in the struggle like me, and buy a home. I also want to be able to be a little less stressed. . . . If I don't have to worry about high rent, I can just pay my mortgage, that'll help my stress a lot. If I make a career change that'll help. I don't agree with lots of things within the organization I work

for. But I feel like if I make that change, I'll do better financially and mentally. It takes its toll on me right now.

Monica also had plans to start her own business. She had begun reaching out to friends and family members about the possibility and asking business owners she knew about the licensing process. Sofia shared her desire to resume pursuing multiple professional passions via more education:

For the future, I'd like to go back to school. The kids will soon return to school for half days. I want to do online school and then I want to be a child therapist. I'm going to start with being a nurse, then move on to labor and delivery school, then become a child therapist. Because I feel a lot of kids are experiencing a lot of depression, anxiety, and stress because of virtual school. If it's hard for us, it's harder for them.

Goals also included long-term visions such as changing careers, starting a business, buying a truck, and writing a book. Sometimes their goals were for a broader sense of independence. Alicia shared:

My goals: I hope to find a job and be independent and not expect anything from anybody and be able to stay on my feet without anybody's help. It's not impossible. It's hard for me right now because I have nothing, but I know one day I'll reach that point.

Mothers also shared goals for their children, including receiving a good education and having the best upbringing possible. Michele shared her hopes for her granddaughter:

I want her to be a productive citizen. I want her to know she can reach for the sky. She can be anything she wants to be, anyone she wants to be. The sky is the limit. . . . No one can

take her intellect or her smartness from her, I want her to be smart. Nobody can take knowledge from you. All you have to do is obtain it and that's what I want her to know—education is the way out.

When meeting daily needs is a challenge, it can be harder to work toward these longer-term goals. Organizations can do a great deal to ease the daily difficulties of women like our interviewees and help them achieve their long-term goals.

Recommendations

The mothers we spoke with managed complex networks of social supports, public benefits, and CBOs to maintain stability in their lives and the lives of their children. In this section, we provide recommendations for what CBOs can do to complement these coping strategies, so that mothers can maximize all available supports, formal and informal, to move beyond coping into goal achievement.

Provide Flexible and Responsive Supports

Community-based organizations can center services around mothers' needs and schedules, offering flexible and responsive supports at times convenient to them. The mothers told us about some innovative and effective strategies that CBOs are deploying to improve the traditional model of seeking assistance, by easing the burden it imposes on individuals. One CBO delivered groceries to families' homes, and one mother spoke about how happy she was that the staff members went out of their way to call ahead to check her schedule and availability for the delivery. One CBO administrator created supports in response to needs she saw in the community. For example, she began a babysitting group because she heard repeatedly that many mothers needed a break or a short-term babysitter. In another example, Michele shared the story of when she needed something abruptly for her child and she reached out to a CBO for support. Within 24 hours, the CBO had delivered and provided options to meet this mother's immediate needs.

Minimize Stigma around Getting Support

Community-based organizations can minimize stigma by normalizing service delivery as an experience more similar to regular life. Building individual relationships and ensuring continuity and respect within interactions could also help to minimize stigma.

Some women we spoke to referenced negative interactions they had had when seeking supports for themselves and their families. Amanda shared her observations:

I'm thankful for the support, but there's not a lot of civility in the provision of services. It doesn't feel good to go get help from them, it's almost dehumanizing, because it makes

you feel like a burden. I would love for paradigms to be shifted on that. . . . I'd love for providers to understand that there are models that are more empowering instead of telling you what resources you should access and that someone else knows better. It removes their autonomy. . . . I saw a recent opening of a grocery store to provide free food, and you don't have to show your financial needs. You just go and shop and they run you through the purchase experience and no one says, 'I've helped you.' No one says, 'Take these things.' Something like that is much better.

Tiffany also shared how one CBO stood out from others with its empathetic administrator, Rayanne:

It's like—it's a shaming type of deal, some places you go you ask for help they make you feel crappy. But it's places like the [CBO] where it's nothing to be ashamed about. That's what Rayanne has helped me understand, it's OK to ask, you don't have to be afraid, you don't have to cry, you don't have to feel less than because you come in to ask for what you need for your kids. If anything, you should feel proud of yourself because it's a lot to come over.

Hire from the Community

One of the main ways in which some CBOs were able to build trust and minimize stigma was by hiring administrators from the community so the outreach came from someone with similar experiences to their clients'. Samantha spoke of the kind of trust this builds:

I will be real with you, when you have a person who went to college, never been in trouble, thinking they'll go into churches in these communities and talk to people, they won't get the same results. They won't be able to connect and build rapport with people. The people who have been through it have better results and we, in my organization, are using those

people. We put the right people in the right places. You have to have somebody that actually knows the situation.

This approach also built community trust and made its members feel more comfortable reaching out for and accessing nonprofit support. Tiffany spoke of the CBO administrator, Rayanne, saying:

She's like my person, it's like when I was at a real bad time in my life, she was kind of there for me and even though we were strangers. You know, she kind of gave me this feeling like it was going to be OK. I didn't feel like she was judgmental.

Build on Strategies People Are Already Using

As described earlier, women construct their family and friend networks to support themselves and each other in many ways. CBOs can build on these existing resources, for example by finding ways to help women compensate family members as care providers.

As a concrete example, it may be useful for organizations to consider if licensure is actually necessary to support existing networks. Sometimes family members were licensed care providers, and sometimes not. Monica became a licensed caretaker so she could receive payment for the care she already had been providing without compensation for an elderly family member.

Help Build Supportive Networks

Organizations could help provide guidance or connections where mothers may have gaps in their support networks. CBOs can play an essential role in connecting mothers with one another to help minimize isolation and provide opportunities to share experiences and resources. This relates to an observation Monica shared:

A lot of mothers –some of them don't have their parents, some of them don't have a relationship with their family, and some feel like they're black sheep of the family they been cast out, and so they have to make a way and they don't know how they're going to make a way because they don't have a good support system. . . . I think the bigger picture is people need more support.

Some mothers we spoke with had organized themselves into lending groups, mother support groups, or mutual aid groups.²¹ Community-based organizations can also facilitate these types of groups in order to reduce isolation for less-connected mothers. One existing model is UpTogether, which brings people from a community together to help one another share resources. Cohorts get small loans and earn stipends for sharing their experiences.²² Another model is LIFT, a nonprofit organization that coaches people in groups and helps with light case-management supports.²³

Because some networks exist online, social media can be a valuable tool. The administrators from the two CBOs noted in interviews that using technology in conjunction with human connection could be an effective way to reach and provide supports for less-connected mothers. Tiffany had been connected with an organization after seeking help on a women's-empowerment Facebook page. She had shared that she was leaving a domestic violence situation and needed a place to stay. After seeing her post, a CBO administrator reached out and invited her to come in for help the next day.

Engage in Strategic Outreach

Community-based organizations can engage in strategic outreach to ensure that as many people as possible who might benefit from their services know about them. Many women we spoke with reported that they did not know about many potential supports, and wished that they knew more about services that could help them. To address this, organizations can put more flyers in service locations that people in their target populations frequently visit. One mother we spoke to suggested that CBOs put flyers at the public assistance office. Organizations could engage more on social media such as Facebook, Nextdoor, and Peanut message boards, where people in their target populations might be more likely to learn about their services. In addition, organizations can tap into their existing client network to solicit referrals and get help in spreading the word.

Provide Service Navigation

Organizations can also serve as resource hubs. For example, Lauren had been connected to entire networks of supports through one job program and felt like she had many different places to turn for help if needed. These kinds of resource hubs can be built up and expanded when organizations work together through a partnership. Coordinating intake, or expanding one-stop eligibility, is another way CBO programs can extend their reach. Multi-organizational partnerships offer more specialties and provide individuals with a more diverse array of resources.

Coach toward Goals

Although CBOs perform much of their helping work to achieve stabilization and survival, they also could focus on supporting long-term goals in addition to helping meet basic needs. This may include coaching guided by collaborative goal-setting, such as the Mobility Mentoring model.²⁴ Organizations should expand programs that share knowledge and expertise while providing support to achieve these goals, such as scholarships, child care (including outside work hours), financial coaching, housing counseling, and technical assistance for starting a business.

Expand Mental Health Support

Making culturally appropriate mental health supports more widely available and affordable would be a significant asset in mothers' coping strategies, especially because almost all of the women we spoke with were facing enormous stress. Brianna notes:

With these programs, you don't want to be ungrateful, because they're giving you assistance and some assistance is better than no assistance . . . it sometimes just may not be enough—it's not enough to maybe lighten the load. And I know a lot of women that do deal with depression . . . when you're dealing with this and have a lot of things on your plate . . . you're juggling so many hats and trying to survive and take care of your children.

Many of the women we spoke with had had positive experiences in seeking out professional mental health supports, appreciating the outlet it gave them to speak about challenges they were facing, but often they encountered financial and other barriers to accessing mental health care. For example, one woman had an employee assistance program, but she did not like going to see a therapist in the same physical building where she worked.

A Word about Public Assistance

We do not offer recommendations for policy reforms, because public assistance was not the focus of this study. However, it is important to note that many mothers will only be able to pull their children out of the persistent stress of poverty and near-poverty by stepping up on the four-legged stool of CBOs, social networks, the labor market, and public policy support. Policies aimed at filling wide and costly gaps in stable housing, accessible child care, and educational resources can provide particularly important resources for women seeking greater economic security for themselves and their children.

Yet for many of the mothers we interviewed, resources like these were either difficult to access or completely unavailable to them, whether they were eligible for assistance or not. Those who did get some help often reported bad customer service experiences at public assistance offices. At least 16 of the women we interviewed received some form of government assistance, but it was often a patchwork. SNAP had the widest reach, with 14 mothers reporting receiving this support. However, only 10 mothers reported receiving Medicaid, and only 5 reported ever having received child care vouchers. Only one-quarter of the mothers we interviewed reported receiving housing support or rental assistance, and only three reported receiving utility assistance.

The issues with access were manifold. For some mothers, the problem was long waiting lists or red tape they could not sort through. For others who were not “in poverty” per se, the problem was earning wages that put them just above income cutoffs for food or housing support even though their local cost of living far exceeded their modest monthly earned income. Immigration status also posed a significant barrier to accessing crucial government support, including for beneficiaries of the Deferred Action for Childhood Arrivals policy and noncitizen parents with children who are US citizens.

Conclusion

Mothers with young children and low income are resourceful and innovative in meeting their own and their children's needs through their social networks. But they face various challenges that are difficult to address only through informal supports. Community-based organizations can help these mothers improve their economic security and their families' well-being by developing practices that leverage the informal and formal resources families already have.

Yet CBOs are often constrained by public policy and public resources, especially if the safety net is weak, because this limits the tools available for CBOs to help families support themselves. Without policy reforms that address the deep structural inequities exposed by ongoing crises in US systems such as housing and immigration, the coping strategies of mothers with low income are likely to produce just that—only coping, and not mobility.

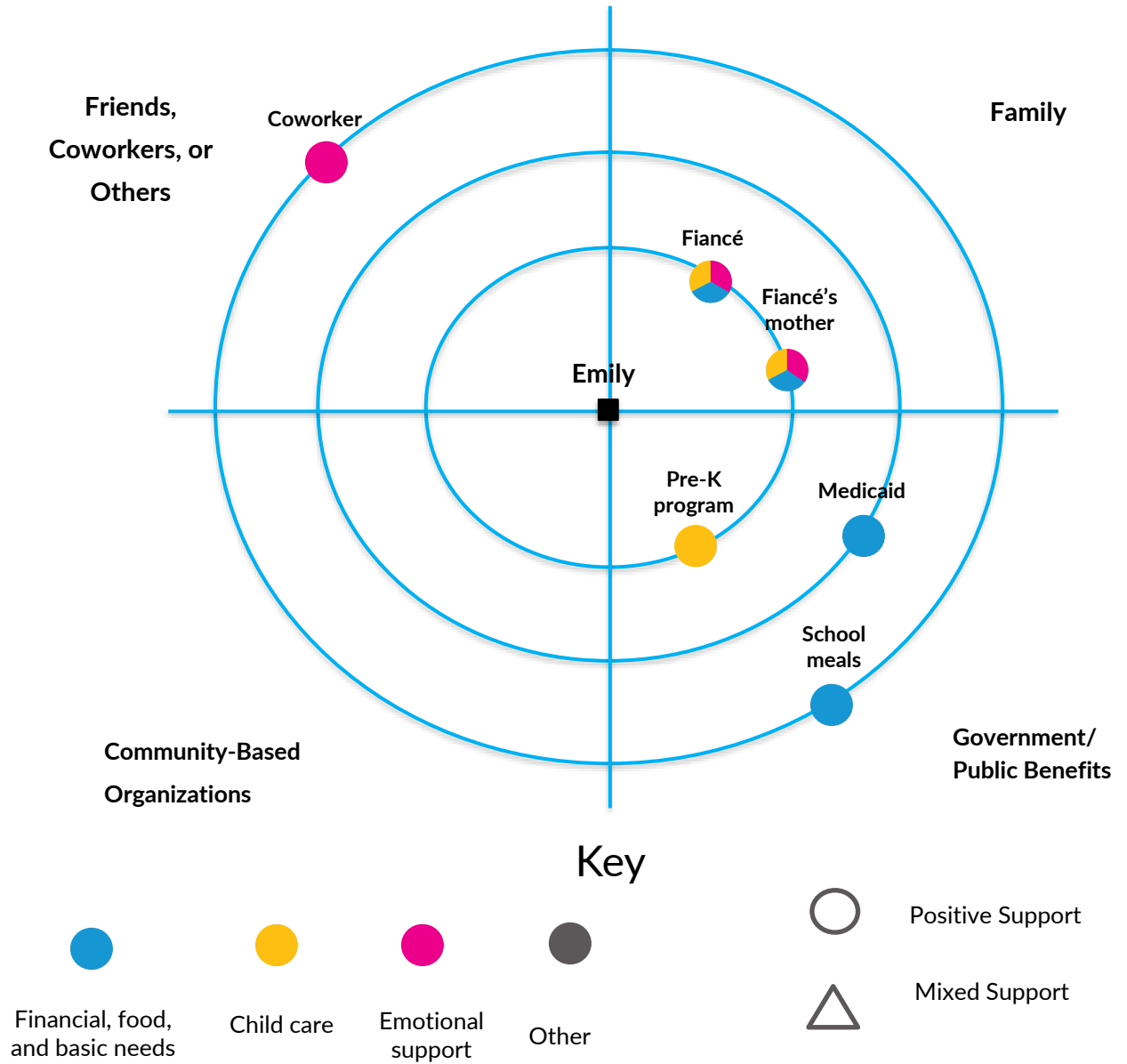
The stories documented in this report point to the potential breakthroughs that might be achieved if formal US support systems—be they government or community based—were to adopt more flexible, participant-centered approaches to helping mothers fill the particular gaps they identify in coping with their household's economic security and meeting both caregiving and their own personal needs. Good examples can be found in the 2021 American Rescue Plan Act expansion of the Child Tax Credit, which was designed to get more cash into the hands of parents, and in privately funded experiments in guaranteed income (e.g., the Magnolia Mother's Trust in Mississippi) that are showing promising early results for both stability and mobility.²⁵ These efforts move America toward equity for long-marginalized families as well as greater public trust in the worthy decisions mothers with low income so often make on behalf of their own children. As one mother shared with us in a post-interview note:

When helping us . . . really take what our needs are into consideration and help us help ourselves. Sometimes a small break, a little guidance and support can make or break a mother's journey through parenthood. Without support a lot of us fail miserably. With support we thrive.

Appendix: Sociograms

FIGURE 5

Emily



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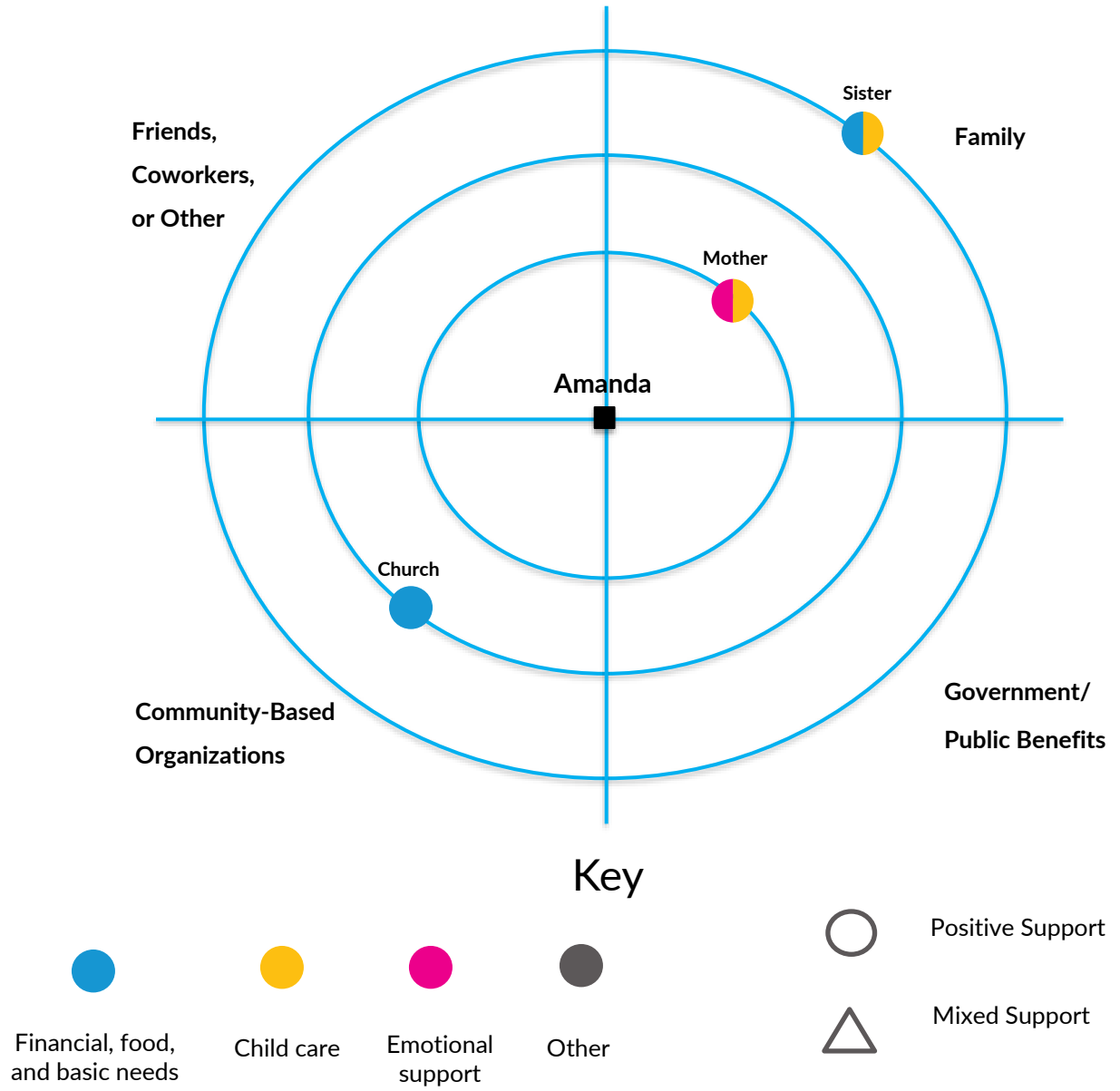
BOX 2

Narrative of Sociogram “Emily”

Emily has two children, both under age 5. She lives in the town outside of northern city where she grew up, though she spent most of her teenage years moving throughout the southwest United States. As a teenager, Emily had been unhoused and rotated among friends' couches. Once she became pregnant in her early 20s, she moved back to her home state, reconnecting there with an old friend who is now her fiancé. In the past, Emily struggled with mental health issues and had sought help from mental health professionals.

Emily relies mostly on her fiancé and his mother to meet all her needs. Her fiancé's income mostly supports them by paying rent and utilities. She described their biggest need as catching up on bills and fixing their credit so they could work on buying a home. She receives Medicaid for herself and her children. Emily cares for her daughters while her fiancé works. If she needs extra support, her fiancé's mother comes to help. Her children are in a local prekindergarten program through the public-school system, which helps with child care and provides breakfast and lunch. Emily has a close relationship with her fiancé's mother and frequently goes to her for advice and support. Emily also recently started working part time at a grocery store to make more friends in the area and a little extra income. Through this job, she made a friend who she talks to sometimes.

FIGURE 6
Amanda



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BOX 3

Narrative of Sociogram “Amanda”

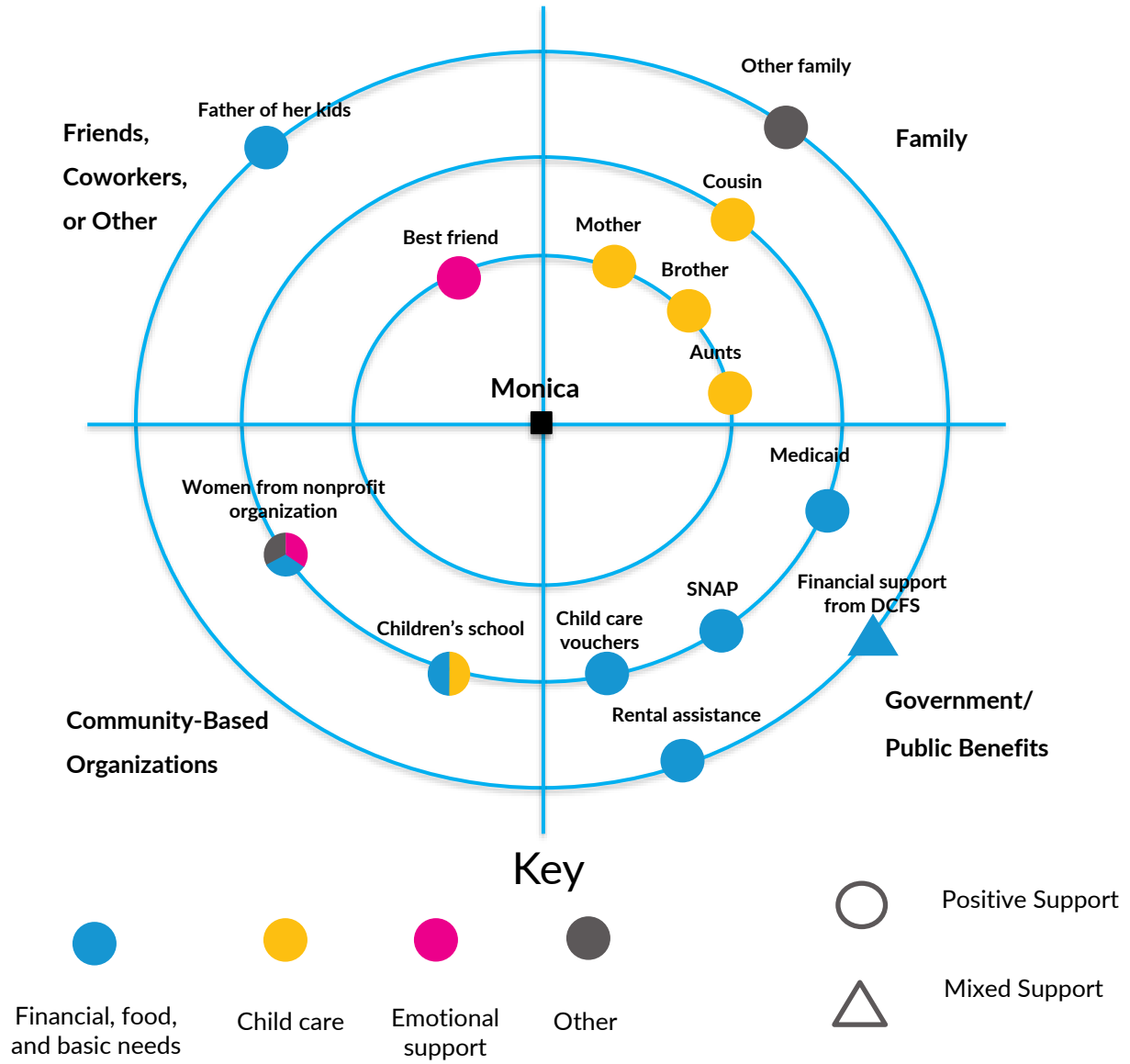
Amanda is a single mother with daughters under the age of 5, one with special needs, with whom she lives in a small house. She is the first-generation daughter of immigrants from South America. She works as a legal professional. She had worked part time before the pandemic to provide child care when not working and now works full time during the pandemic because she can watch her children while working remotely. She was in a violently abusive relationship for 2.5 years before she left with her daughters, taking what they could to live on their own.

Amanda faces challenges in her life related to financial needs, child care, and emotional support and deals with most of them through personal coping strategies. Her mother provided some assistance with child care before the pandemic, but Amanda takes care of her own children during the pandemic, since she can work remotely. Her sister does not provide Amanda with any form of consistent support, but Amanda described that should she desperately need any financial or child care support, her sister would be there for her.

Amanda is resourceful in finding out about available resources around her area through Craigslist and Facebook. She picks up free goods and resells them to make a little extra money. She also gathers scrap wood with her daughters from the side of the road for firewood. She is creative in turning these outings and other chores into fun activities for her children. She does not access any government supports or CBOs except for her church, from which she receives limited food assistance. Amanda is hesitant to take up more resources for which she might be eligible because she thinks others probably need them more than her. She is also very concerned about how she would be able to balance everything when she once again has to work in person.

Amanda volunteers as a court judge and hopes one day to become a court-appointed judge.

FIGURE 7
Monica



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Note: DCFS = Department of Children & Family Services.

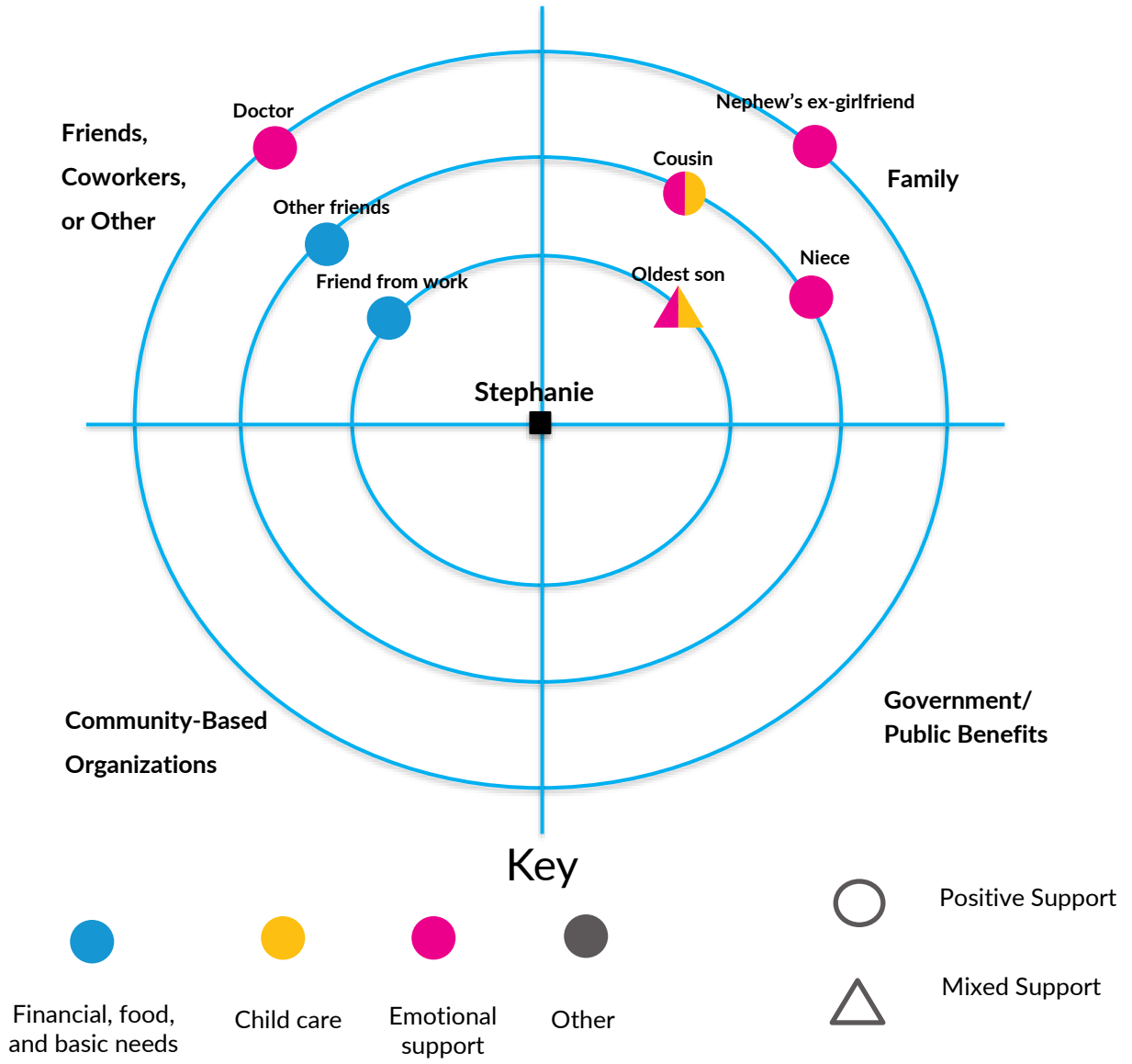
BOX 4

Narrative of Sociogram “Monica”

Monica grew up in a large city and was raised by her grandmother. She described her family as large and close knit. She spent some time in foster care with different family members after her grandmother passed away when she was 16 years old. Monica has kids of her own, between ages 6 and 10, and has custody of her family member’s toddler. She has been working two jobs, both of which have been disrupted by the pandemic, and she describes herself as a little behind financially, but overall she does not feel she needs any additional help.

Monica has help with her kids from her mother, brother, aunts, and cousin. She also has a great relationship with her children’s local preschool, which during the pandemic started a day care center where children of all ages can get supervised support while completing e-learning. She has a best friend with whom she speaks frequently and close friendships with women at a local CBO. Her children’s father occasionally brings items by for the kids, such as clothes and shoes. Monica has many family, CBO, and government supports that she has knitted together to provide everything for her children. Monica hopes to start her own business and has been seeking advice from her relatives and friends who have their own businesses.

FIGURE 8
Stephanie



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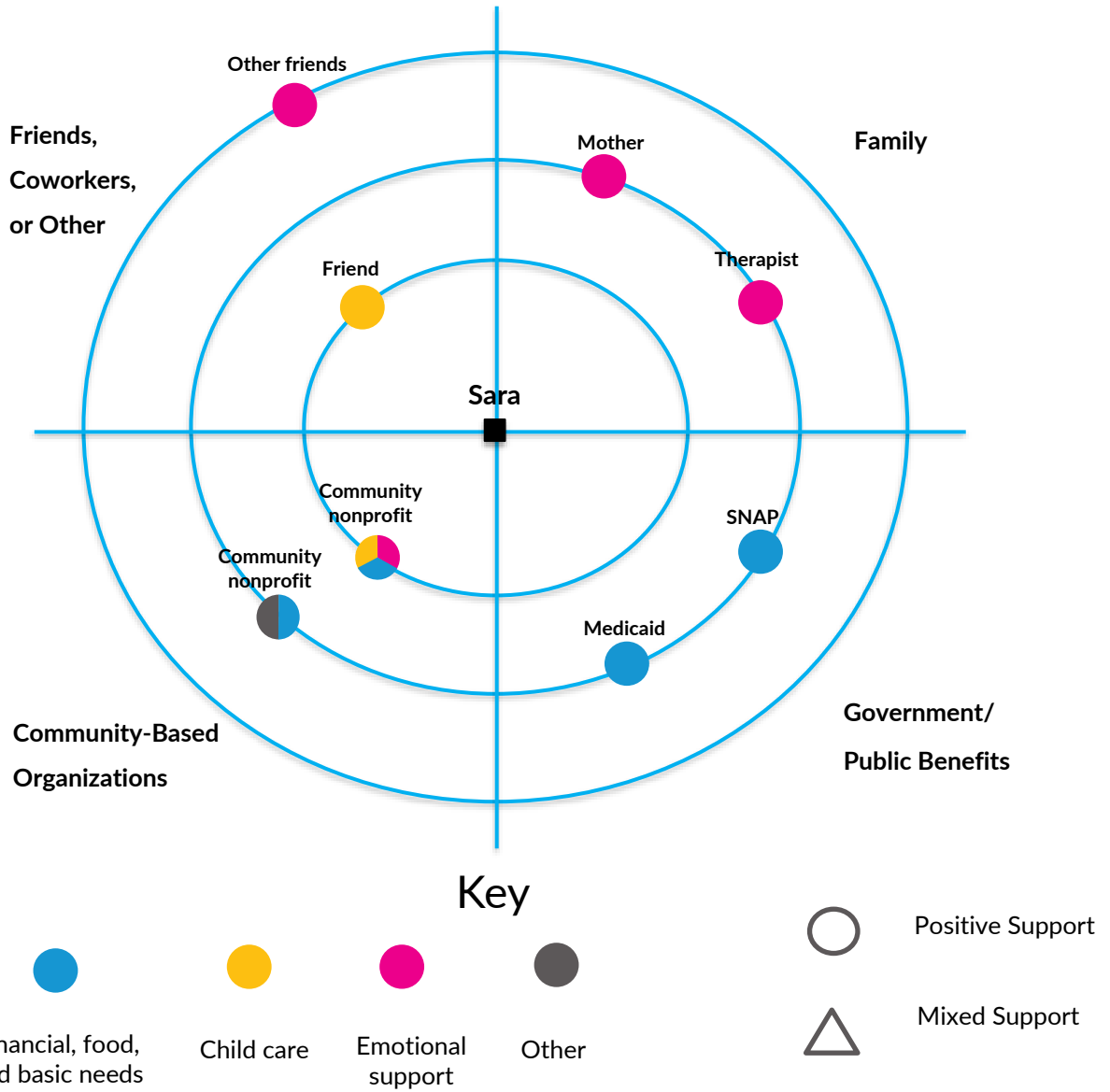
BOX 5

Narrative of Sociogram “Stephanie”

Stephanie is a single mother of two sons, a 17-year-old and a 5-year-old. Her younger son has autism and epilepsy, and Stephanie works with special needs students at a school for her job. She had experienced homelessness for about three months because of the high rent of her apartment. A friend from her school job housed Stephanie and her children in her apartment during the months that Stephanie was homeless until she was able to move out to her own place with her children. She struggles with mental health issues and chronic stress, which has led to some physical health issues. Things were particularly stressful when she was experiencing homelessness and during the COVID-19 pandemic.

Stephanie needs housing, child care for her younger son, and mental health support for herself. She is largely able to fill these needs through her robust social network of friends and family and through her own personal coping strategies. She relies heavily on these supports partly because she has been denied support from a governmental agency; she makes slightly too much income to qualify, even though the high cost of homelessness has forced her to spend through her savings. She also had a bad experience with unfriendly workers at government assistance offices. Her older son also provides child care for his brother, and he is someone Stephanie could talk to. Stephanie has other friends and family members and a doctor who help her occasionally with specific needs. Stephanie also relies on herself and her own resourcefulness for support, including caring for her younger son and effectively budgeting her money to ensure that most of their basic needs can be met.

FIGURE 9
Sara



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BOX 6

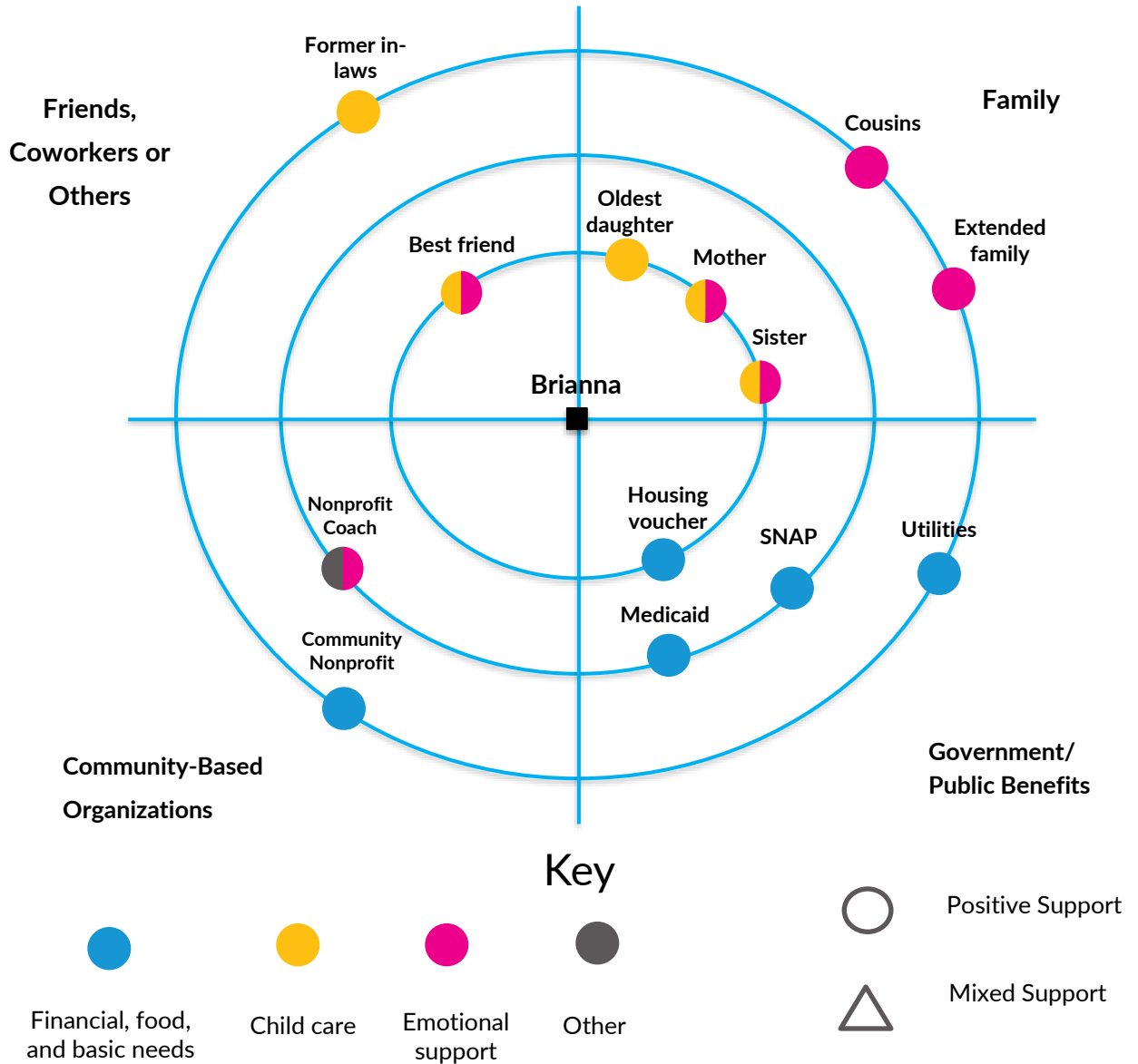
Narrative of Sociogram “Sara”

Sara is a single mother with a 5-year-old child, and they live in a one-bedroom apartment. She was born and raised in Central America and has lived in different parts the same state for 15 years. Since the pandemic, she has worked part time as a training organizer to help single mothers get more education and housing, taking care of her child in the remaining time. She worked full time in the same role before the pandemic. She was in a violently abusive relationship for the first part of her time in the US and has experienced homelessness and mental health challenges.

Sara experiences challenges related to child care, emotional support, and financial/basic needs. Much of Sara’s support network is driven directly and indirectly by her positive connection to one nonprofit organization in the community. Through this organization, she met about a dozen mothers in a similar situation to hers. Both through the organization and independent of it, she and the other mothers participate in groups where they give each other emotional support, financial support (through a lending group that they formed), and child care support. The organization itself also provides meals and occasional stipends to those connected to it and helps connect participants to other resources in the community, such as other CBOs that assist with accessing child care vouchers. Additionally, Sara credits the organization and the other mothers in the group with helping her to navigate the system of accessing government supports, and she was able to get SNAP and Medicaid benefits.

Sara also gets child care from a friend four days a week. Her mother and therapist provide occasional emotional support.

FIGURE 10
Brianna



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BOX 7

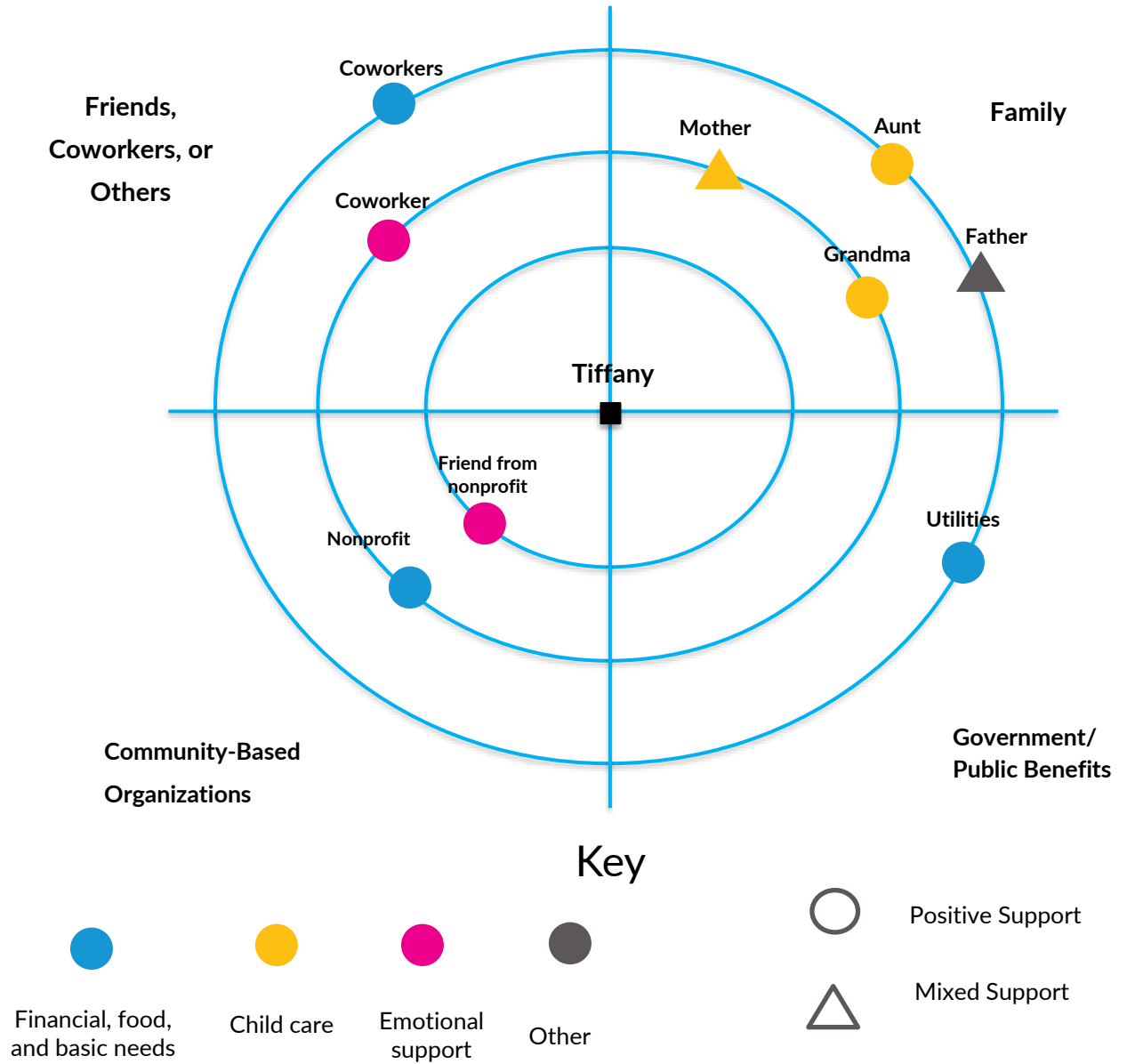
Narrative of Sociogram “Brianna”

Brianna has five of her own children in her household, the youngest of whom is 2 years old. She also lives with her oldest daughter’s 1-year-old child. Brianna was raised by her mother in a large midwestern city and recalled being very inspired by the strength of her mother and grandmother. She describes her family as large and very supportive. She also has a very close relationship with her best friend. Brianna works part time as a home care health aide. She had recently been through a costly divorce, though she receives occasional child care support from her former in-laws.

Brianna and her oldest daughter work together to split child care for their respective children under age 5. Her daughter takes night-shift jobs while Brianna works during the day. Child care has become more difficult since the divorce, and transportation to and from work is very costly.

Even though Brianna mentioned struggling financially sometimes, she draws upon many resources: she is signed up to receive SNAP, Medicaid, utility assistance, and a housing voucher from the government. She also sees her mother and sister regularly, even though they live about an hour away. She relies heavily on her best friend as well, saying, “I get everything from her.” This friend introduced Brianna to some additional supports, including a coaching group at a local nonprofit organization that is helping Brianna stay on track with her goals. Brianna says she typically does not like sharing too much about what she is going through because she does not want to be a burden to others, but recently she has been working on opening up more. Another way she copes is to pray in her free time. Her biggest goals are to switch careers and save for retirement.

FIGURE 11
Tiffany



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BOX 8**Narrative of Sociogram “Tiffany”**

Tiffany has three children, two of whom are under age 5. She describes herself as very independent. She grew up in metropolitan area and was raised by her grandmother. She spent a few years outside of this area at college but returned there before finishing her degree. Tiffany has a job but recently endured a health disruption that took her away from it for a few months. She shared that in the past she had been temporarily homeless. She also described how she had “completely started over” several years earlier after leaving domestic violence.

Tiffany’s situation recently changed greatly because of a medical emergency. Previously she had been working night shifts and had overnight care for her kids from a day care provider, which she had been paying for with child care vouchers. Then she temporarily lost her job because of the medical issue and became ineligible for vouchers. During this time, she said she did not get a lot of sleep and her time for self-care was lacking. However, the medical emergency made Tiffany draw on her supports network differently from before. Her mother, grandmother, and aunt had been helping with child care; her mother and aunt also would help, but only if they were compensated. Even though her grandmother and aunt were not local, Tiffany’s children went to stay with them while she recovered. Her dad flew in while she was recovering, but he ended up not helping with much.

Tiffany also had some support from her coworkers, who pulled together money to help pay hospital bills. Tiffany got food, groceries, diapers, and referrals to supports from a local nonprofit organization. She became very close with Rayanne, one of the administrators at the nonprofit, and Tiffany reached out to her to get additional assistance, especially for recommendations on how to navigate the sudden change in her financial situation that resulted from the medical emergency. She also spoke to this administrator as a friend for emotional support as well.

Tiffany has experience using government resources, including child care and utility assistance, but makes \$18 too much to receive SNAP and did not receive child care support while she was out of work. However, she is considering applying for additional assistance given her current circumstances. When we spoke with Tiffany, she was frustrated because she had a hard time getting the paperwork approved to receive short-term disability medical leave pay, so her finances were tight.

Tiffany explained that some of her coping strategies included journaling and seeking out female empowerment groups on Facebook, which was how she got connected to the nonprofit (the administrator reached out after she asked for assistance). She wishes for more time with adult friends, and her big goals are to regain her health, go back to work, graduate from college, and save for a house.

Notes

- ¹ “Life Circumstances,” NHS Greater Glasgow and Clyde, August 4, 2020, <https://www.nhsggc.org.uk/your-health/public-health/health-improvement/life-circumstances/>.
- ² We define *caregiving* broadly as ensuring that a child’s basic needs like food, shelter, and safety are met by either a parent or another responsible person. This is distinct from *caretaking*, which relates to providing supervision to a child (e.g., by a parent, provider, or other adult).
- ³ Andrea Caupain Sanderson, “COVID-19 and the Overwhelming Demand for Basic Needs,” *Crosscut*, February 5, 2021, <https://crosscut.com/opinion/2021/02/covid-19-and-overwhelming-demand-basic-needs>.
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