



Working Paper Series  
No. 14

**“Making a Way Out of No Way”  
How Mothers Meet Basic Family Needs  
While Moving from Welfare to Work**

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**April 2003**

*The authors welcome comments and discussion.*

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**MDRC**

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# **The Next Generation Project and the Project on Devolution and Urban Change**

This working paper is a joint production of the Project on Devolution and Urban Change and the Next Generation. Urban Change is a project designed to understand how devolution and the Temporary Assistance for Needy Families (TANF) block grants play out in four large urban areas. The Next Generation is a project that examines the effects of welfare, antipoverty and employment policies on children and families.

## **Foundation partners**

The Project on Devolution and Urban Change is funded by the Ford Foundation, Charles Stewart Mott Foundation, Pew Charitable Trusts, W.K. Kellogg Foundation, Robert Wood Johnson Foundation, U.S. Department of Health and Human Services, John S. and James L. Knight Foundation, Joyce Foundation, Cleveland Foundation, George Gund Foundation, William Penn Foundation, James Irvine Foundation, California Wellness Foundation, and Edna McConnell Clark Foundation.

The Next Generation project is funded by the David and Lucile Packard Foundation, William T. Grant Foundation, and John D. and Catherine T. MacArthur Foundation. Support for dissemination of MDRC's Next Generation publications has been provided by the J.P. Morgan Chase Foundation.

## **Research partners**

The Next Generation project is a collaboration among researchers from MDRC, the University of Texas at Austin, Northwestern University, the University of California at Los Angeles, Syracuse University, University of Oregon, New York University, and the Social Research and Demonstration Corporation.

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Dissemination of MDRC publications is also supported by the following foundations that help finance MDRC's public policy outreach and expanding efforts to communicate the results and implications of our work to policymakers, practitioners, and others: The Atlantic Philanthropies; the Alcoa, Ambrose Monell, Bristol-Myers Squibb, Fannie Mae, Ford, Grable, Starr, and Surdna Foundations; and the Open Society Institute.

## **Acknowledgments**

The authors would like to thank Averil Clarke, Lorna Dilley, Ralonda Ellis-Hill, Karen Fierer, Tasheika Hinson, Rebecca Joyce Kissane, Mirella Landriscina, Joan Mazelis, Leondra Mitchell, Samieka Mitchell, Keesha Moore, Kagendo Mutua, Laura Nichols, Enid Schatz, and Sarah Spain, who worked with us to recruit the samples, interview the families, and code and analyze the data. We are especially grateful to the families in Cleveland and Philadelphia who shared their experiences with us over the last few years.



## Introduction

*Monica is a 45-year-old white high school graduate from the high-crime, job-poor Kensington section of Philadelphia. She was receiving cash welfare, food stamps, and Medicaid when President Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996. To meet her new work requirement, Monica started stuffing envelopes at a small firm within walking distance of her home, which provided full-time, minimum wage employment from April through November each year. Her low wages ensured continued eligibility for a small amount of cash welfare and food stamps plus a medical card. However, the annual layoff hit hard, as it took the welfare department two to three months to adjust her benefits, so for two to three months each year she had little to no income. To resolve her dilemma, she tried to find year-round employment but she was unable to do so. In the interim, she resorted to selling prescription drugs illegally to local drug addicts.<sup>1</sup>*

*When she started her job stuffing envelopes, both of Monica's children, ages 7 and 12, were still young enough to qualify for subsidized child care. Even though Monica knew welfare was supposed to provide these subsidies, her fight to secure them took nearly two years. Her repeated requests for assistance churned through multiple caseworkers who claimed, one after another, that the forms had been "messed up" by the previous caseworker. During this time, her common-law husband watched her children during the summer and before and after school, refraining from searching for work himself. This meant he could contribute no resources to her strained family budget. After she received the child care subsidy, she paid the children's grandmother to watch the youngest before and after school, and the eldest, now 13 years old, was on his own.*

*Throughout the transition from welfare to work, the family's health needs were covered by Medicaid. One month, though, her pay check included some overtime hours and her caseworker told her that her earnings that month (\$1,000 before taxes) pushed her over the income limit.<sup>1</sup> She went without*

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<sup>1</sup>According to the State Policy Documentation Project, the eligibility level for Medicaid recipients in Pennsylvania is \$1,088/month for a family of three. If Monica did not count her husband in her family composition, she would have been just on the cusp of eligibility for Medicaid. More importantly, she was still eligible for Transitional Medicaid which extends to 185% of poverty, and her income that month was well within this range.

*coverage that month, a potentially serious situation for Monica, as she was soon after diagnosed with cervical cancer.*

Moving from welfare to work is about more than trading a welfare check for a paycheck. For Monica, family and fiscal management before welfare reform were never easy, but the welfare benefits were at least stable, and she did not have work-related expenses such as child care. She was the one who supervised the children, since she remained at home. And though her small cash welfare allotment never covered all her bills, she could count on its steady stream of income each month, plus the food stamps and medical card. She filled the gap between her welfare benefits and her expenses by relying on the contributions of family, and a trip or two to the food pantry each year.

Monica responded to the new mandates of welfare reform by going to work. Once she made the transition, she faced months with hardly any legitimate source of income (\$10 to \$15 from the welfare grant) because of the seasonal nature of her work and the delayed response of the welfare department. Her friends and family, already stretched thin, could not fill this large income gap, but turning to crime to pay her bills left her both ashamed and fearful. Good mothers, she believed, didn't break the law.

Like many low wage workers, Monica desperately needed the work supports that were, in theory, available to parents who left welfare for employment. But obtaining those benefits meant complying with a plethora of new requirements, including the need to submit a set of forms and her pay stubs in a timely manner each month. Her fight to obtain her child care subsidy involved repeated trips and phone calls to the welfare office, and her "mistake" of working overtime left her without health coverage for a month, due to a caseworker error.

Nine months out of the year, her earnings exceeded what she'd received from welfare, but her minimum wage job did not generate enough surplus to cover the months when little legitimate source of income was coming in. Since Monica, like most parents in our sample, viewed raising her children as her most important job, her struggle to ensure their well-being in the face of this annual fiscal crisis left her feeling uncertain about whether the children were benefiting from her efforts to play by the rules (see also Scott, Edin, London, and Mazelis, 2001).

The authors of PRWORA were not oblivious to the fact that for the typical welfare recipient employment alone might well fall short of providing enough disposable income to meet basic family needs. Accordingly, the federal law mandates that all new state TANF programs ensure transitional child care, food stamps, and Medicaid to those leaving welfare for low wage work. But it is one thing to have these provisions on the books and another to successfully deliver them to the families who so desperately need them. In the new world of welfare, securing such benefits requires detailed knowledge of the benefits the welfare office is supposed to provide, the coopera-

tion of a competent, well-trained caseworker, a family situation that allows the family to “take up” these benefits in the form the welfare department provides them, and just plain luck.

In the years following welfare reform, researchers have found that the take-up rates for child care, food stamps, and Medicaid are lower than should be expected. Nationally, only 10-15% of eligible children receive a child care subsidy from the Child Care and Development Fund — the main source of federal funding (Giannarelli and Barsimantov, 2000). These eligible children include those whose parents have never been on welfare, parents who have left welfare, and parents who are still on the welfare rolls. Although the national-level data do not allow us to distinguish the welfare from the non-welfare recipients of child care subsidy recipients, some state welfare-leaver studies show that the percentage of welfare-leavers who receive child care subsidies is higher than that of the larger eligible population. However, in many of these states, less than a third of the welfare-leavers reported any child care subsidy use. (Schumacher and Greenberg, 1999).

Even before welfare reform was implemented in the states, a steady decline in participation in the Food Stamp Program (FSP) among the pool of eligible families was evident, and this trend has grown over time. Between 1994 and 1999, there was a 40% drop in food stamp usage nationwide. Using household-level data from the Current Population Survey, Wilde et al. (2000) concluded that although 28% of the decline in the mid to late 1990s could be attributed a drop in the number of families who were income-eligible, over half of the decline was due to a decrease in the proportion of income-eligible people who participate. Most relevant to this analysis, however, is the astonishing drop in FSP participation for those families who move off of cash welfare, the majority of whom continue to be eligible. Using data from the 1999 wave of the NSAF, Zedlewski (2001) found that two-thirds of families who left welfare between 1997 and 1999 also left the Food Stamp Program, even though most of these families were still income-eligible.

Welfare-leavers can have a difficult time retaining their Medicaid benefits too. In an analysis of the 1997 NSAF, Garrett and Holahan (2000) found that despite the special Medicaid provisions for welfare-leavers, a large proportion of welfare-leavers reported no Medicaid benefits for themselves and their children. At the time of the NSAF interview, 4 of 10 welfare-leavers received Medicaid or another form of state public health insurance, and about 2 of 10 were covered by private or employer-sponsored health plans. However, 41% remained uninsured.<sup>2</sup> Most of these uninsured leavers remained income eligible for Medicaid. In fact, almost 60% had incomes below the federal poverty guidelines. Yet even in this very low-income group of recent leavers, only 44% had Medicaid.<sup>3</sup> Although some of these uninsured welfare-leavers

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<sup>2</sup>These percentages do not add to 100% because some respondents reported multiple sources of coverage.

<sup>3</sup>The children of welfare-leavers fared better than their parents, as half of them received Medicaid or  
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may have used up their time limit for Transitional Medicaid, fully one-third of the women who left welfare within the last six months were uninsured — a time period clearly within the range of Transitional Medicaid.

As we will show, a sizeable portion of our respondents, particularly those in Philadelphia, lost their childcare, food stamps, or Medicaid benefits at some point during our study. When they talked about losing their food stamps or Medicaid benefits, many of our respondents in both Cleveland and Philadelphia used the language of “sanctioning.” However, official sanctioning does not occur when recipients miss appointments or when paperwork is filled out incorrectly or lost. Rather, when these events occur, cases can be closed. Although the effect on the client is essentially the same — the loss of benefits — these two actions differ in terms of how quickly people can reinstate their benefits. When cases are closed, recipients can usually get their benefits reinstated as soon as they turn in the proper documents or keep an appointment with their caseworker. Sanctioning practices vary by state and they remain in effect for a proscribed period of time. Furthermore, sanctions and case closures are counted differently by the welfare department. When states report on their sanctioning rate, these figures do not include cases which have been closed either because of procedural issues or caseworker error. In their analysis of over 1,000 families who were currently or recently receiving welfare, Cherlin et al. (2002) found that when families lost benefits, it was usually due to missed appointments or problems with paperwork, rather than violations of work or child support requirements. In the Cherlin study, 17% of these families reported a partial or full loss of benefits in the past two years “because the welfare office said they were not following the rules” (p.395).<sup>4</sup> The primary rule violations turned out to be missing appointments or having problems with paperwork, and these violations do not result in official sanctioning, but rather case closure, often at the caseworker’s discretion. These families came from three cities — Boston, Chicago, and San Antonio — and the rate of losing benefits varied across the cities, reflecting differences in welfare reform implementation and caseworker practices. Twenty-six percent of the families in Chicago reported losing their benefits, compared to 15% in San Antonio, and 10% in Boston. Similar to other studies, Cherlin et al. found that families who lost their benefits were more likely to have worse health, lower education, and more children than those who did not lose their benefits, indicating that families with factors that are linked to poorer employment outcomes are also vulnerable to losing their benefits.

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another public health insurance and only 25% were uninsured. This was probably due to newly implemented health insurance programs for children (SCHIP), available in all states, which provide benefits to children whose parents earn less than 200 percent of the poverty threshold, regardless of their parent’s past or current relationship to the welfare department.

<sup>4</sup>They excluded the families who had lost their eligibility to these benefits from this measure.

Thus far, we have only cited statistics on take-up rates of publicly subsidized benefits. Another possible source of support for women moving from welfare to work is their individual private safety nets. Researchers have found that, indeed, some low-income people are able to rely on kin and friends for babysitting, food, or financial support (Stack 1974; Edin and Lein 1997). However, the celebrated tight network of support that Carol Stack found in *The Flats* not only has the potential to add strain to one's individual resources, but the level of resources exchanged also pales in comparison to that exchanged through more affluent networks (Riley and Eckenrode, 1986). Those who have few resources individually tend to not have connections with people much different than themselves (Hogan, Eggebeen, and Clogg, 1993; Roschelle, 1997). In this paper, we will also examine the types of private safety net supports that the respondents in our sample draw from to cover their child care, food, and medical expenses.

We use data from a longitudinal, in-depth, qualitative study of families in Cleveland and Philadelphia to tell the story — from the viewpoint of families — of how they struggled to meet basic needs when they transitioned from welfare to employment. In this analysis, we examine how families in two quite different policy regimes managed the challenges of meeting their food, child care, and medical care needs. For each expense domain, we look at the role of the public and private safety nets. We first analyze the transitional benefits each state is supposed to provide, and the constraints within the service delivery that may affect take-up rates. Second, we look at what nonpublic sources of support families turn to in addition to or in lieu of these state benefits and find that personal networks and private charities play an important role for some people. However, we find that families still can end up falling through the public and private safety nets and suffer material hardship.

## Methods

In this paper, we analyzed a longitudinal ethnographic sample of seventy-four welfare recipients from Cleveland (N=40) and Philadelphia (N=34). The ethnographic study was a part of the larger MDRC's Project on Devolution and Urban Change, a study of four urban counties (see Quint et al., 1999 for more details about the larger Urban Change study).<sup>5</sup> This larger study incorporated research on the implementation of welfare reform, and the impact of welfare reform on neighborhood institutions, as well as other components measuring the effect of welfare reform on the county level. A survey in all four counties was conducted in two separate waves,

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<sup>5</sup>Because welfare practices are decided on a state and county level, Urban Change focused on counties rather than cities. Philadelphia is unique in that its city and county boundaries are the same. Cleveland is part of Cuyahoga County, but all of our ethnographic respondents reside in the city of Cleveland. The other two counties are Miami-Dade and Los Angeles, where the ethnographic study focused on immigrant populations. Cleveland and Philadelphia were the most similar in terms of industrial history and current racial composition.

in order to gain a broader look at the effect of welfare reform on families. We use data from this survey throughout our findings, as a backdrop for findings from our smaller sample. In the ethnographic phase of the study, researchers in each of the four counties chose three to four moderate-to-high-poverty neighborhoods from which to draw a sample of between 10 and 15 families. In Philadelphia and Cleveland, we chose two African-American neighborhoods, and one white neighborhood. One of the African-American neighborhoods in each city had a poverty rate of 40% or above, and the other two neighborhoods, one African-American and one white, had poverty rates just over 30%. In each neighborhood, interviewers contacted respondents through local neighborhood institutions, through fliers, by going door-to-door in the selected neighborhoods, and through referrals from other participants. All respondents received cash welfare at recruitment, all were at least eighteen years old, and all had at least one child under 18. We followed each family for three to four years, beginning soon after the implementation of welfare reform in each city. There was very little attrition among our respondents, since we maintained contact with them in between annual interviews. In Philadelphia, we conducted baseline interviews in the fall of 1997, and in Cleveland, from the winter of 1997 to the summer of 1998.

Data were primarily collected through a series of in-depth in-home interviews we held with respondents once each year. In these interviews, we asked participants about experiences with caseworkers; knowledge of the specifics of welfare reform; attempts at finding jobs; work, training, and educational histories; relationships with their children and boyfriends/spouses; health; neighborhoods; material hardships; and network supports, among other topics. We also asked for a detailed accounting of each family's income and expenditures over the last year. Each year, the interviews lasted between three and nine hours, and often occurred over several meetings. In between the annual interviews, interviewers kept in regular contact with respondents, either by phone or by dropping by for a brief chat or interview, and either recorded their observations in field notes or taped the interviews and phone conversations. We taped these interviews, transcribed them, and coded both transcripts and field notes in machine-readable form.

Since we are focusing on the transition from welfare to work in this analysis, for most of this paper, we only use data from the respondents who worked at some point during the course of the study (Philadelphia: N=28; Cleveland: N=31). These workers include those who moved off of TANF cash benefits entirely, or those who combined (formal) work and cash welfare. Therefore, when percentages are given as to how many respondents received child care subsidies, etc., we use only respondents who worked as a denominator. However, when we discuss accessing network and institutional resources to cover food expenses, or when we analyze food and medical hardships, we include the entire sample.

Much of this paper analyzes how transitional benefits are or are not used by the respondents as they move from welfare to work. This story of implementation is one-sided, as we use data only from current and former welfare recipients rather than from their caseworkers. Under-

standably, this limited perspective raises a methodological question about whether we are getting an accurate picture. Fortunately, in the implementation component of the Urban Change study, Quint and Widom (2001) studied the same welfare offices that our respondents used. They interviewed and observed caseworkers about their provision of food stamps and Medicaid benefits. Their findings coincide with ours, namely, that although caseworkers claimed to the interviewers that they told recipients about the availability of benefits in their one-on-one meetings with them, they were less likely to do so in practice.

## Findings

By the end of the study, respondents in both Philadelphia and Cleveland who worked reported significant gains on average over what they were taking in at baseline, and had more income (net work-related expenses) than those respondents who were not working.<sup>6</sup> Workers in both cities reported that by the end of the study, they were able to provide their children with more of the material goods than they had before. Analyzing 1997 - 1999 panel data from the Women's Employment Survey, Danziger et al. (2002) had similar findings. Women who worked and were no longer receiving cash assistance were better off financially than those who were on welfare and not working. However, nearly half of the welfare-leavers were still living below the poverty line.

These income gains in our sample were not, however, purely due to their labor market effort (Scott, Edin, London, Kissane, 2001). In fact, they reflect the rather large growth in the work-based safety net over the last few years. In the pre-welfare reform environment, Edin and Lein (1997) found that single women who worked low-wage jobs averaged \$180 more a month than their welfare counterparts, but that gain was more than swamped by the additional costs of going to work. Since then, most states have used the new flexibility that PROWRA allowed to dramatically enhance earnings disregards. That, together with the expansion of the Earned Income Tax Credit (EITC), the increased availability of child care subsidies, and the extension of Medicaid benefits to some low-wage working parents and their families, was a crucial part of the package that made moving to formal work a more attainable goal for the families in our study.

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<sup>6</sup>Scott et al. (2001) calculated income change for the full samples in Philadelphia and Cleveland up through the second round of interviewing. Their analysis differs from this disposable income calculation in that they did not figure work-related expenses into the analysis, and they compared the respondents to themselves (at baseline and Round two), rather than comparing workers with non-workers. Similar to this analysis, they found that, in general, those who worked and did not receive cash assistance by Round two were the most likely group to have an increase in their income. Those who combined work and welfare or cycled between the two were less likely to have increased income than the work-only group, but more likely to have increased income than the welfare-only group.

However, these averages mask a great deal of variance within the sample; for example, some women had to pay child care out of pocket, while others were able to use a child care subsidy or to place their children in the free or low-cost care of a relative. This variability of “income” sources and support had two causes. First, the method the states used to deliver transitional benefits was not always consistent and this may have reduced take up. Second, the private safety nets these parents and children had to fall back on were far stronger for some than for others. The inequality of the public and private resources meant that we observed a broad array of outcomes for families and children. For those lucky enough to access the array of transitional benefits the welfare office was supposed to supply, the cost of going to work was radically reduced, and parents and children saw meaningful material gains, especially given the EITC. For those with strong private safety nets, a similar story can be told. However, what is not told by these numbers is how onerous the process of gleaning support from the state is, a process that, in itself, can frustrate parents’ efforts to remain employed and adequately fulfill the responsibilities of parenting. Nor do these numbers tell the story of the often-costly process of securing private support, or of its questionable quality in some cases.

In sum, beyond the demands of managing the new job and the commute, families also face the challenge of securing enough outside resources to cover their family’s basic needs. This challenge is both incredibly arduous and ongoing, and presents another layer of difficulty and frustration to fiscal and family management. One of our Philadelphia respondents, Marcia, claimed that mothers who survived on welfare would be able to meet this financial challenge of low-wage work. She said, “If anyone can survive off of welfare, they can survive off of anything. Those are some true survivors, that survive off of a welfare check. Because that’s no money. They straight making way outta no way.”

## **Child Care**

### **Public-sector child care resources**

When we talked with our 74 families the first time, just as the states were implementing their new TANF programs, they generally expressed enthusiasm for work (London et al., 2001). However, they also feared that a move from welfare to work would create unmanageable fiscal and logistical problems. Not surprisingly, they worried a great deal about how they would manage to cover the costs of childcare. They also worried that the sheer logistical problems of arranging for childcare, especially for evening, night, or weekend shifts, would defeat their efforts to both hold down a job and ensure adequate supervision for their children (Scott, et al., 2001).<sup>7</sup>

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<sup>7</sup>Researchers analyzing the 1997 National Survey of American Families (NSAF) have shown these mothers’ fears were not misplaced: low-income families (below 200% of the poverty line) pay about  
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Pennsylvania's and Ohio's TANF programs guarantee child care assistance for families with children up to 13 years of age, both while the mother seeks work (through a job search or independent job search program), or is involved in a state-approved "work activity" (short-term training or unpaid work experience) and while she combines welfare and work. Those moving off of cash welfare entirely are also eligible for a child care subsidy, which is assessed on a sliding scale for income. In Cleveland, this benefit is available as long as a family's income remains under 185% of the poverty threshold; and in Philadelphia, a family is eligible until their income reaches 235% of poverty (State Policy Documentation Project, 2000). An important difference between the two sites was that Philadelphians could use their voucher to reimburse unlicensed caregivers, such as relatives and friends, for child care, but in Cleveland, only licensed providers could be reimbursed. Technically, people in Cleveland can go through the process of getting their relatives licensed, but none of our respondents did so. One respondent described the process as too onerous, so she gave up.

In both cities, TANF recipients receive their subsidies through the welfare office. But in Philadelphia, parents who have worked their way off of cash welfare entirely must submit their requests for child care assistance to a different state bureaucracy, called Child Care Resources, which is responsible for issuing the voucher and monitoring ongoing eligibility. At Child Care Resources, recipients are only required to submit their pay stubs every six months unless there is any change in their income in the interim. In Cleveland, once a family leaves cash welfare another division of the welfare office, Cuyahoga Health and Nutrition, handles the subsidy. At Cuyahoga Health and Nutrition, re-certification of income eligibility is required annually.

In both cities, the rules governing child care subsidy receipt were quite straightforward. Yet a surprisingly high number of our respondents — mainly in Philadelphia — claimed their caseworker withheld information about the availability of child care subsidies, provided false or misleading information, or even denied their existence to recipients who asked about them.<sup>8</sup> While it is entirely possible that client error was involved, the stories were so similar across our different neighborhoods we believe caseworkers were also part of the problem, and observations of caseworker-client interaction in local welfare offices from the implementation component of the Urban Change study (in the same welfare offices our respondents used) bears this out in terms of the caseworkers forgetting to mention benefits such as food stamps and Medicaid (Quint and Widom, 2001).

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\$217 a month on average for child care, comprising 16% of their earnings, while the rate for more affluent families is only 6% (Giannarelli & Barsimantov, 2000).

<sup>8</sup>Their stories are similar to the findings of Adams, Snyder, and Sandfort (2002) in their focus group research with parents who were current or recent TANF recipients. As they tried to get their child care subsidies, they encountered missing paperwork, unhelpful caseworkers, and inflexible welfare office practices across the twelve states in the study.

When we first interviewed our families, both states' childcare subsidy programs were in place, but families knew little or nothing about them. One year later, some families knew a little more, but even so, less than one-third of those families who reported some work activity said they had received any kind of subsidy.<sup>9</sup> By the end of the study, roughly four years after implementation began, the proportion of respondents who'd worked and used a subsidy in the previous year had increased somewhat, to 33% in Cleveland and 36% in Philadelphia. This is despite the fact that, at the start of the study, just over half had children under the age of 6, and nearly all had children under 13.<sup>10</sup>

We looked at our data to see why more respondents had not taken up the child care subsidy. First, we tried to assess whether the working respondents in our study were eligible for the subsidy. We found that one year into our study, the median monthly income for nearly all of our working families was well below the income eligibility cut off (Scott et al., 2001). Thus, excess income cannot be the cause for the majority of families not to take up the benefit. The data offer two other possible explanations for the low take up rate: poor implementation of the program or a mismatch between the form of the subsidy provided and the preferences and needs of families.

The first year of our study coincided with the first year of welfare reform implementation in each of our sites. Thus, we were able to observe the unfolding story about how changes in welfare influenced families' day-to-day lives. The dominant theme of the baseline interviews was one of confusion and chaos. Respondents reported that their caseworkers seemed poorly trained and overwhelmed, that the cast of characters they interacted with at the welfare office was expanding and that there was a high rate of staff turnover. In both sites, caseworkers had the job of contacting recipients and calling them in to describe the new rules and benefits. The chief piece of information they were charged with imparting was that welfare was ending and that recipients must work. Thus, information about transitional supports for work, if mentioned at all, received short shrift (Quint and Widom, 2001).

As we outlined above, in Cleveland the transitional child care subsidy could only be used for licensed care (a child care center or a licensed in-home provider). In Philadelphia, low-income families with childcare subsidies could use unlicensed providers such as family and

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<sup>9</sup>This estimate includes those who did not receive any cash assistance, and those who combined welfare and work.

<sup>10</sup>Nationally, 10 – 15% of income-eligible children receive the child care subsidy, so our rates of 33% and 36% seem high in comparison. However, these figures are not comparable. The 10 – 15% estimate measures subsidy utilization at one point in time, where our figure covers subsidy use for any child in the family at any point of time over a year span. In addition, the denominator for the 10 – 15% estimate is income-eligible children, and the unit of analysis for our denominator is sample families who were on welfare recently or currently. Most states favor welfare recipients and welfare-leavers when they allocate child care subsidies (see Huston in this volume).

friends. Several respondents in both sites voiced a strong preference for relative care, mostly because they feared their children would be abused at the hands of strangers, but also because the licensed providers were often located some distance away and were typically less flexible than their work schedules required. This bias against formal care, taken together with the different site rules governing the type of providers who could be paid with a subsidy, may have affected the take-up rate for respondents in Cleveland.

However, Philadelphia respondents faced far more hassle in actually securing and maintaining a subsidy than their Cleveland counterparts. Data from the 2001 wave of the Urban Change survey reveal that 18% of Philadelphia respondents who worked in the last year and 27% of Cleveland respondents with age-eligible children had received child care help from a government agency. The following stories from Philadelphia reflect this struggle. Mary's story is quite typical. Between rounds 1 and 2,<sup>11</sup> Mary participated in job club, independent job search, and short-term job training. During this period, she said her caseworker repeatedly told her she was not eligible for a child care subsidy for any of her three young children. When she heard from other recipients that she should have received one, Mary was furious, and charged her caseworker with "...act[ing] like the childcare money is coming out of her paycheck." At round two, she was combining work and welfare and still not receiving the subsidy. This time, she said she thought she knew the rules, but her understanding was far from accurate. She told us, "Once you give them [the welfare office] a notice saying that you want to apply for the transitional childcare, you can't get [any] cash [welfare] for a year." Since her job was only part time, she thought applying for a subsidy would be too risky, as she believed her cash welfare benefits would be terminated. The last time we interviewed Mary, she had recently turned in her child care paperwork and was expecting her reimbursement to begin soon.

Even when the respondents had a fairly accurate understanding of the rules, many said their caseworkers still blocked them from obtaining a subsidy. Danielle, a white Philadelphian, had already applied for a subsidy when we first interviewed her. She'd survived a bout with cancer and was recovering from chemotherapy while working part time. Though proud of her ability to sustain employment, she felt betrayed by the welfare office's early promises of support, and felt her caseworker was "working against" rather than for her. She said, "[The welfare office] tell you — you get a job, we'll provide child care, we'll provide the bus fare. No they don't. I pay for the bus fare, I pay for the child care, and I only come home with sixty-five, seventy-five dollars a week." When she told her caseworker she had to quit her job during the summer months if she didn't receive a subsidy, her caseworker reportedly replied, "That's your problem." At round two, Danielle, now unemployed, was trying to get a subsidy so she could participate in job search. She felt pressed because her caseworker told her she could only get the

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<sup>11</sup>The annual interviews are referred to as "rounds."

subsidy if she was willing to forgo the clothing allowance that job search recipients were entitled to, and Danielle felt she needed both. In reality, both benefits should have been readily available to a job search participant. By the end of our study, Danielle had still never received a child care subsidy.

Once a parent obtained a subsidy, maintaining it was often an ongoing struggle. Eileen, a white mother of six from Philadelphia, managed to land a child care subsidy after months of effort, but several months later, the welfare department informed her that she was no longer eligible. Eileen claimed that the welfare office gave her no reason for the cut off, but suspected malice on the part of her caseworker, who had accused her of having “attitude” when she’d complained about a prior sanction. Eileen felt that her ongoing dealings with her caseworker to try to maintain her transitional benefits were unlikely to yield a long-term positive result. Since she was already struggling to maintain both a full-time and part-time job, she felt she didn’t have the time or energy to deal with the “hassle.”

Uh, I’m, I’m to the point where, I mean, I’m tired of [welfare]. I’m tired of fighting them.... I’m tired of putting appeals in — it [takes] so much time. And then like, by me being in there all the time, I’m always coming in to work] late. I’m like on the border line of getting fired. And I, I. . . [Interviewer: So, have you tried to get it in the past and they’ve given you the run around?] Yeah, they, they do that to me all the time. But now it’s to the point where my...job’s on the line. . .My jobs are more important right now, because that’s the only... money I have [coming in right now]. I mean [I’ve got to be worrying about] supporting my family.

Another challenge to keeping a subsidy was the welfare department’s paperwork requirements from the provider, along with a frequent delay in processing the subsidy payment. Some mothers elected to forgo the subsidy in order to keep a trusted provider who’d become disgruntled with these paperwork and payment problems. By round two, Marcia, an African-American mother from Philadelphia, was working full-time and paying her babysitter \$80 per week out of pocket. In return, her babysitter, an elderly neighbor, provided supervision for her two children after school. Marcia told us, “I pay for it myself...that’s because I don’t feel like going through all that hassle.” In addition, Marcia said, she didn’t want her babysitter “bitching” about where her money was any longer.

Certainly some of the respondents, particularly those in Cleveland, received the subsidy in a smooth, virtually hassle-free manner. Debbie, an African-American Cleveland resident, worked full-time during the last two years we knew her, and in the final year, left cash welfare behind. The children’s father worked part time, and could monitor the two older children before and after school. However, her toddler—who required all-day supervision the father couldn’t

provide—had a subsidized slot in a licensed in-home daycare facility. Her subsidy also covered all three children’s all-day summer care. Tina, an African-American respondent from Philadelphia, had two children under the age of five in full-time care. Her childcare subsidy covered all but \$40 of the \$700 in monthly fees. She repeatedly claimed she would be unable to stay employed without the subsidy, since she had no one in her network who could watch the children all day for free.

### Nonpublic child care resources

The above examples make it clear that the implementation of the child care subsidy benefit was not without significant problems. Paperwork and misinformation barriers in Philadelphia sometimes made it difficult, if not impossible, for some families who could have clearly benefited from a subsidy to get or maintain one. But it is also true that for a number of women in Cleveland, the structure of the subsidy led to rejection of a subsidy offer. As we alluded to above, in Cleveland, respondents were much more likely to know they were eligible for a subsidy, reported far fewer cases of caseworkers who gave misleading or false information, and faced less administrative hassle when they applied for the subsidy. However, the Cleveland subsidy program was far from perfect in respondents’ eyes, because unlicensed providers, such as relatives, could not be used unless the relative was willing to go through a complex process of becoming licensed; yet, as we said before, respondents in both sites voiced strong preferences for relative care. None of our Cleveland respondents’ relatives went through this licensing process. Those Cleveland families with infants or toddlers requiring all-day care usually felt they had little choice but to send them to licensed providers. Though they could often persuade a relative or friend to provide a few hours of light supervision for an older child after school, few knew anyone willing to provide full-time care to a demanding infant or toddler for little or no money.

Probably partly because of the differing structure of the subsidies in the two sites, more Philadelphia workers used relatives (including husbands and boyfriends) to care for their children than Cleveland respondents. Nearly 80% (N=22) of Philadelphia workers used this type of care at some point while they were working; whereas only 58% (N=18) in Cleveland did so.<sup>12</sup> However, in practice, the subsidies were so hard to secure and maintain that only six of the twenty-two workers in Philadelphia who used relative care were actually able to secure a subsidy to pay those caregivers. Taking away these six respondents would leave the proportions using this type of care the same in the two cities.

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<sup>12</sup>According to the 2001 Urban Change survey, 38.5% of Cleveland respondents and 41.8% of Philadelphia respondents who worked in the previous year used a grandparent or father/boyfriend as their primary source of child care.

In cases where the respondent's personal network was strong, mothers were able to exercise their preferences with relatively little strain on their budgets. Hallie, a white mother in Cleveland, rejected a subsidy offer for center-based care because her mother, who lived close by, was willing to watch her kindergartener after school. She saw the informal care option as a healthier and safer option. She explained, "Yeah, they asked me if I wanted it. Like I told them, with the kids [in daycare] getting meningitis and things like that, my son better stay at home with my Mom. There's not too many people I'd trust with my son anyway."

Many of the respondents echoed Hallie's sense that relative care was of higher quality than more formal options. But this was not always the case. Danielle, whose fruitless struggle to obtain a subsidy from the state we detailed above, reported leaving her youngest child, age 4, with her mother. But for Danielle, this option was clearly second best. She said, "I don't know...she's weird... she screamed like, my landlord told me the other day, she was screaming and cursing at them. I was like, "Oh my God." That was so embarrassing. .. She disgusts me...." Four years after we met her, Danielle still had no reliable source of child care even though she worked most of the time during those years. Her children were now in school, but they still needed care after school and in the summer. Her mother filled in, but when the interviewer asked Danielle how she felt about this arrangement, she replied that she was, "horrified." Also in Philadelphia, Kitina also used her mother to watch her 3-year-old daughter because, despite repeated attempts, she could not get the subsidy she should have qualified for. She confessed to the interviewer that she wasn't pleased with the care her mother provided; the house was always dirty and Kitina believed she did not discipline or adequately supervise her granddaughter. Thankfully, she said, her daughter would start school the next year and be free of her mother's environment.

Almost 40% of Cleveland respondents and 29% of Philadelphia female respondents who worked used their husband or a boyfriend, usually the child's father, to provide childcare at some point during the study. But sometimes this type of care did not add up to a safe and reliable environment. For example, Linda, a white Cleveland respondent, was married but on welfare because her husband was disabled. His severe mental illness was going untreated because Medicaid wouldn't pay for the drugs his psychiatrist had prescribed. At the end of our study, she was working full-time, leaving their daughters in his care after school and in the summers. When we first met Alice, a white Cleveland mother of three, she told us about an incident that had recently happened. She had been leaving her infant with the baby's father while she worked 60 hours a week at a pizza shop. After a few months of this arrangement, she realized that her daughter was not developing properly. She found that the baby's father had left his child with a "friend" while "running the streets." The father and his friend had neglected the baby to the point where, at 8 months old, she was not sitting up, and only drinking a couple of bottles a day:

She lacked malnourishment [sic]. She lacked attention. She lacked someone to talk to, play with. You get her up and soon as I stopped working, within a month the girl was sitting up and starting to crawl. So, she improved. She never ate food, bottles. You know what I'm saying? That scared me a lot. And probably scared me away from working for a little while, until I can't make it no more. You just kind of get to that point where you just can't take it no more. But that was very scary... And this was being done by her own father. You know what I'm saying? If he wasn't understanding of what was going on... So, if your own father would let this happen, I don't trust nobody!

Eileen used several different family members for child care during the course of our study. Her oldest son provided babysitting for his youngest siblings, ranging in age from 6 - 10 at baseline. He was in his early 20s and did not live at home, and provided the care begrudgingly, even though he was paid a reasonable fee through her child care subsidy. Since Eileen's younger children were all school-aged, he was only responsible for them after school and in the summer. When she lost her child care subsidy, he refused to watch them for free, partly because he then had to find another job to pay his bills. Because of this, Eileen was forced to make do with other arrangements, such as leaving the children with her severely retarded adult daughter, who still lived at home and did not demand pay, or by leaving the children home by themselves. When she resorted to these latter two options, she made sure that she turned the gas off in the house so they could not turn the stove on. When we last interviewed Eileen, she was still trying to piece together better child care arrangements, this time involving her cousin, who was frequently undependable due to her drug addiction. One day, when her cousin did not show up, Eileen enlisted the help of the children's father, whom she had left because of serious domestic abuse.<sup>13</sup> While he was in charge, her nine-year old ended up falling down the stairs on her bicycle and he brought the child to Eileen's workplace with her face swollen and covered with blood. The father had refused to help clean her up, saying, "that's a mother's job."

The climax of Eileen's story came just after the end of our study. Eileen returned home from her third-shift job one day and found the children's father high, sitting on the steps of a house across the street. He pointed to the smoke coming from her windows and told her that there was a fire in the kitchen. He remained on the stoop and watched while she and the neighbors rushed in to get her sleeping children and their belongings out of the house.

In the last year of the study, nearly one in four of the Cleveland mothers and one in three of the Philadelphia mothers who did not use a voucher but had an age-eligible child regu-

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<sup>13</sup>Two other papers give a comprehensive picture of the intersection of domestic violence and welfare reform (Scott, London, and Myers 2002a; Scott, London, and Myers 2002b).

larly left children at home without adult supervision before or after school and in the summer.<sup>14</sup> Fortunately, in every case but three, there was also an adolescent child at home. However, the pressure on the adolescent caregivers was sometimes detrimental to their own development (see Gennetian et al., 2002). Throughout the course of the study, Tina, a Philadelphia mother with five children still at home, relied heavily on her adolescent children to take care of their younger siblings. This added responsibility affected her daughter's ability to get to school on time and complete homework. Because Tina had to leave the house at 5:30 every morning in order to be at work on time (an hour and a half commute by public transportation), Tamara, a ninth grader, had to wait with the younger children for the Head Start van. However, the driver was often quite late, so Tamara was frequently 20 to 30 minutes late for school. Tina worried about what the tardiness would mean when her daughter applied for the magnet high school she dreamed of attending. When we interviewed her for the last time, Tamara was taking the children to Head Start on the way to her school, but still had problems with lateness:

'Cause she's late every day for her school, every day. And what the school says to me is they're gonna, they gotta do what they, what's their policy. She's gotta stay after school, do her detention, um things like that because she didn't, or she'll lose her credit out of her, out of that morning class cause she didn't get there on time. So she feels sad and I, I feel bad because I gotta be at work at 7.

Renee, an African-American respondent from Philadelphia, put her oldest child, 10-year-old Marcus, in charge of his two younger siblings, ages 6 and 1. When she started back to work after a brief stint on welfare, Marcus usually watched both full-time, six to seven days a week, as it was summer and his mother worked two jobs. One hot summer afternoon, one of our interviewers dropped by the house and found the 6 and 1 year old outside on the sidewalk, unattended. They were locked out of the house and didn't know where Marcus was. The street did not have heavy traffic, but had a high level of visible drug activity. The interviewer went to the corner store to get the children something to eat, and when she came back, Marcus was climbing through a window to get inside and unlock the front door. At the end of the study, Renee's children were 12, 8, and 3, and the older two were still left alone for periods of time while she was working. She paid a local day care center for the full-time care her 3-year-old required, because two jobs left her with no time for the hassle that obtaining a subsidy would entail. At the end of our study, Renee reflected on the situation that she had put her children in, and attributed Marcus' current severe behavioral problems to the responsibilities she had laid on his shoulders.

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<sup>14</sup>Other mothers who did use vouchers also left their children home alone. In the 2001 Urban Change survey, 10% of working Cleveland respondents and 12% of working Philadelphia respondents used an older sibling as their primary source of child care.

Sometimes, mothers put older children in charge of younger siblings who have serious behavioral and health issues. Wendy, a white Cleveland respondent, had a 14 and 12 year old at round two. Her youngest child had been diagnosed as having ADHD, bi-polar disorder, and schizophrenia, and frequently set things on fire and expressed thoughts of homicide. It was difficult to find someone who was willing to care for such a disturbed child, although the children's father (who was abusive to them and to Wendy) watched him frequently. She sometimes enlisted his 14-year-old sister to provide the care, during Wendy's shifts at a video store.

[I: How did you handle childcare, while you were working there?] I had to pray a lot. Because they were here by themselves...unless, I was doing the day shift...She [her daughter] is so responsible it spins my head at times...[I: Can she care for Bobby, you know, like a lot of the times?] She used to be able to until he got into the teenage thoughts and, it's hard for her to control him...[I have to] go to work and pray that all hell doesn't break loose here at the house when I'm working.

## **Food**

### **Public-sector food resources — The Food Stamp Program**

Per federal guidelines, nearly all welfare recipients are automatically eligible for food stamps, as are non-welfare families whose gross household income does not exceed 130% of the federal poverty level.<sup>15</sup> Just as is true with child care subsidies, there is a key difference in how welfare officials in Cleveland and Philadelphia implement the Food Stamp Program (Quint and Widom, 2001). Workers who remain eligible for food stamps in Philadelphia must provide verification of their ongoing eligibility on a monthly basis, and benefit adjustments are made on the basis of each monthly report (this is also true for Philadelphia's cash welfare program). Ohio's program, in contrast, required recipients to submit this paperwork quarterly, rather than monthly.

Our ethnographic data revealed that the seemingly small variation in program requirements in Ohio and Pennsylvania had a dramatic effect on the daily lives of poor families. While putting a completed form and a copy of a pay stub (and occasionally, additional documentation such as verification from employers when employees were laid off or fired) in the mail each month may not seem like an undue burden, the overwhelming majority of Philadelphia respondents who worked reported routine problems with the monthly reporting routine. Some of these problems stemmed from their own inability to keep up with the paperwork or fill out the forms

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<sup>15</sup>This limit is extended slightly for families in Ohio and Pennsylvania — food stamps are guaranteed to TANF leavers up to 133% of the poverty level (Brock et al.,2002).

correctly, for the forms were fairly complicated. More often, at least according to our respondents, it was caseworker error. We were startled by the number of respondents, for example, who reported that their caseworkers “lost” or misfiled paperwork they claimed they sent in on time. The problem was so epidemic that in all three neighborhoods we observed in Philadelphia, some respondents who wanted to remain on the program adopted the strategy of bringing their monthly paperwork in to the welfare department in person, and demanding verification of receipt. Thus, the monthly task of collecting the documentation and filling out the forms was compounded by a bus, train, or car trip to the welfare office before or after work, a logistical nightmare for many since most offices were only open from 8 a.m. to 4 p.m.

Not surprisingly, our Cleveland families had far fewer problems keeping their food stamp benefits than the Philadelphia group, though some did have to deal with mistakes made by their caseworkers. In the last year of the study alone (when most of our respondents were working), nearly 30% of the Philadelphia respondents who worked reported problems with food stamp paperwork. More importantly, a few of the Philadelphia families who remained eligible found the paperwork burden and the hassle too great to bear, and opted out of the program altogether, whereas this was far less common in Cleveland.

When we first spoke to families in our study, welfare reform had just been implemented in our sites, and only a few respondents had experienced reductions or cutoffs of food stamps as a result. This typically happened when women were working, but got cut off for missing the face-to-face meetings with their caseworkers all recipients were required to attend. For their part, respondents often claimed they hadn’t been notified by their caseworkers of the appointment, or that the appointment interfered with their work hours and their caseworker was unwilling to change the time. However, with less than fifteen percent of the sample working, problems with the Food Stamp Program were rare.

When we interviewed families a second time, many — especially in Philadelphia — were eager to relate stories of hassles with the Food Stamp Program. Some of them had their food stamps incorrectly (from their viewpoint) reduced, while others were cut completely off. When Lynn, in Philadelphia, started working part-time in a welfare-to-work program, she claimed her caseworker vowed her food stamps wouldn’t be cut at all. But the following month, her food stamp debit card contained only \$80 rather than the \$245 she usually received. She went to the caseworker, and then to his supervisor with her complaint, and her benefit was increased to \$140 per month, still over \$100 shy of what she’d been getting previously. The revised amount was likely correct, but Lynn resented the time and energy it had taken to get the additional \$60. She blamed her problems on poor caseworker training and high turnover; “I’m like, what are they doing? And then they keep changing your caseworkers so much, this one don’t know...the difference [when they’ve made a mistake].”

Celena, a white Philadelphia respondent, had similar problems. Though she'd enrolled in job search at round two, she had not begun working.

I went to go grocery shopping—this is [so] embarrassing—went in the store, had all my groceries, I had nothing [on the EBT card]. Nothing. And the lady just looked at me—Thank god my mom was with me and she used her cash. I came home and called the um, caseworkers, they had cut my food stamps. I asked, “Why they did cut my food stamps?” And she said “well..., you're working, right?.” And I'm like, “No. I'm on that [job search] program.” She was like, “I don't know [what I can do for you].” Well, here I just found out that they fired that lady [the caseworker]. She no longer works for the state or nothing.

In the beginning of our study, Brenda, in Cleveland, told us of a recent job experience. When she told her caseworker she'd landed a part time job, he “took” half of her food stamps away the following month, and at the same time allegedly informed her that she only had thirty days of eligibility for food stamps and Medicaid left. This was clearly not the case, as the job Brenda had taken paid only minimum wage and offered only 20 hours per week. Fearing the loss of these benefits, Brenda told her caseworker she would probably quit work to keep the benefits. But the caseworker reportedly told her that if she quit voluntarily he'd sanction her benefits for three months. Brenda resolved the situation in an innovative way: “I purposely got myself fired so I could keep my benefits, because they were [worth] more than my job. And at the same time, I went and I found a job that paid cash under the table.”

Quint and Widom (2001) interviewed and observed welfare caseworkers in Cleveland, Philadelphia, and two other cities, in order to assess how welfare departments actually implement the various transitional benefit programs like food stamps. In our cities, these interviews were conducted in the same welfare offices our respondents used. Though in staff surveys and focus groups, caseworkers claimed they'd informed their clients of ongoing eligibility for all transitional benefits, including food stamps, observations of caseworker-client interactions revealed that in actuality, these conversations rarely took place. While our respondents told us their caseworkers spent much time in the face-to-face interviews talking about work requirements and the time limit they had to find a job, and our Cleveland respondents seemed to have an accurate knowledge about child care subsidies, information regarding ongoing food stamp eligibility was hit or miss, and they perceived that caseworker information was sometimes incorrect.<sup>16</sup>

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<sup>16</sup>In addition, Quint and Widom (2001) found that caseworkers frequently cut off food stamps when their clients exceeded the earnings limit for cash welfare. As the eligibility threshold is much higher for the former as opposed to the latter, these caseworkers were in error. However, this practice is probably the cause of some of the benefit cutoffs our clients experienced but could not explain.

Our families reported that they were cut off from food stamps because their caseworker claimed that they (the respondents) had failed to complete the necessary paperwork correctly or on time. In Philadelphia, one in five workers lost their food stamp benefits during the study, and all but one lost them because of paperwork problems.<sup>17</sup> Though more families in Philadelphia lost their food stamps more often than in Cleveland, it is notable that one in eight workers in Cleveland lost their food stamps during the course of the study. As the reader might recall, in Philadelphia, respondents often felt a trip to the welfare office was necessary to get the paperwork in, but for Tina, the routine burden this imposed sometimes proved too much. This mother of six was left scrambling to find money for food after her case was closed for not handing her paperwork in on time one month in the middle of our study:

Since I work from 8:00, 'til 4:30, I really don't have time to get this report [down to the welfare office].... I'm trying to keep my position at work, so I don't want to be late. I leave out of here about 5:30 [a.m.]. I have to [be on the bus] at 6:00 to get to my job on time. But my report, I don't know... It comes in so [often] that it seems like you just miss it [sometimes.] You [have to go down and] give them the same information that they just asked you for, you know, all over again.

These difficulties were ongoing for Tina and others like her. At round 3, Tina estimated that she either didn't get her paperwork in on time or the caseworker lost her paperwork roughly every other month over the prior year. Her paperwork burden was especially high because she worked through several different temporary agencies, and had to get documentation from the employer each time she moved from one assignment to the next.

Well, I just received a letter stating that I probably have an incorrect [monthly report] and that my benefits, if I don't send them, fax them three companies that I worked for; they need verification that I don't work with them anymore, that I left the company or whatever. So I need to get that in to them as soon as possible. [The caseworker wants it] [t]o verify the last transaction, I guess, that we had together because that's how they determine what and where you're working at. So, with me, I always work at these different companies. So I'm never at one place, and I'm never at one place very long, so it's kinda stressful on me when I have to go there and say, "Oh, um, could you please fax over this information for my caseworker?" Because, you know, and it's embarrassing. I don't like doing this.

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<sup>17</sup>Celena was sanctioned after she missed a mandatory day of her welfare training program. She couldn't go in to school that day because she had been beaten up the day before by her children's father.

Melissa, a white mother of four in Philadelphia, lost her food stamps for several months while she was out of work during the last year of our study. She told us that her case closure was a result of the paperwork hassle combined with bad blood between her and her caseworker:

Well, she kept telling me [I lost my food stamps because] she wasn't getting my pay stubs. And I would send them and send them. And I would send her two copies a month, because she kept sending me forms telling me she ain't got them.... [I: Okay, and so then how did you get back on?] Well, I called her supervisor and told her supervisor that she was always copping [an attitude with] me on the phone.... [This time,] she told me she *had* the pay stubs and, she just cut the food stamps because she felt like it. So I went down there, gave her all the things she needed, and she finally put me back on. She gave me everything.

Like Tina, Melissa claimed that while she was working, the welfare office lost her pay stubs, which she continued to mail in, "at least every other month." When this happened she would have to copy the pay stubs again and get them to her caseworker as soon as possible. She found this constant running around "frustrating" enough to let her benefits lapse.

Our working respondents in Philadelphia had to submit paperwork twelve times during the year to continue their food stamp benefits; while in Cleveland, our sample respondents only had to submit paperwork four times a year. Even with this less frequent verification process, some respondents in Cleveland experienced trouble in maintaining their food stamp benefits. In the round-three interview, Alice told us how her food stamps were cut off. She did not submit all of the required documentation for her three-month eligibility verification and her entire family's case was closed for two months. "So um, I had a three month evaluation thing and I didn't have everything she wanted and it took me some time to get [it], and I was, she cut me off. [This was] two months ago. Till this month....[They took away] everything. It was really hard."

These examples amply illustrate how the seemingly small task of verifying income, even if only quarterly, can have a large impact on families as they try to negotiate the more complex daily routines that regular employment requires (see also Cherlin et al.,2002). By round three, most respondents worked full time, either at one job or by combining two part-time jobs. Commutes to and from work could take an additional hour or two of their day. Meanwhile, these working respondents were also raising children, dealing with childcare arrangements and children's schools, and working to maintain those network bonds that proved so useful in times of crisis. As respondents faced reductions or their food stamps were sanctioned, they had to find new ways of coping.

## Nonpublic sources of food resources

When in need, many families turned to members of their own personal networks and private charities. By the end of the study, over half of all the Philadelphia respondents and one-third of Cleveland respondents said they'd received help in the food domain from the family and friends in the preceding year. For those who did not, some said they didn't need it. But for others, their networks were simply too thin to provide much help, or the social costs these exchanges exacted proved too great for parents already juggling family and work.

In 2000, Brenda, a white Cleveland respondent, was off of cash welfare, food stamps, and Medicaid while she moved to another state working at a handful of jobs. When she moved back to Cleveland, she got a job but didn't have time to take off of work to come in for an appointment to apply for benefits, so she remained without benefits. At one point during this year, she took a temporary job but had to wait two weeks for the first paycheck. In the interim, she ran short of food. Luckily, a generous neighbor watched her daughter after school and provided her with dinner. Philadelphia respondent Sarah's food stamps were reduced when she left cash welfare for a job, but since rent, utilities, and transportation to work consumed nearly all of her paycheck, she still ran short of food. Her sister, who was slightly better off, bridged the gap. Kitina, also from Philadelphia, was able to buy food "on credit" at a small neighborhood grocery store owned by family friends, and they knew she always paid them back. Toni, an African-American mother from Philadelphia, was cut off because her earnings were just above the food stamp income limit. When she ran short on food, as she often did, she called on her aunt and her mother. Her aunt swapped her food stamps for transportation for her weekly round of errands, which Toni was able to provide because she had a car. Her mother, an additional resource, held a job at a local nonprofit and had ready access to their food pantry, so her kitchen cupboards were always well stocked.

Like when I run low on canned goods and stuff, I just go to her house and just stock up... a couple times a month. [It would cost] about a hundred dollars [if I were to buy it]. Because I go there, and I get whatever I need even down to the toilet paper and stuff like that, you know? She has everything. Anything you need....Like if I run out of cereal, she has all kinds of stuff. I'll go get a couple of boxes of cereal, juice — you know what I mean. Anything that I might need. So that's a big help that saves me a lot of money.

This "back up" for food was a valuable resource for those who were lucky enough to have it. Janice, from Cleveland, said,

Well, I know that if I run out of anything, you know a couple friends of mine that I've known almost thirty years — if I need something, I can call them,

you know, and they usually get it for me somehow. So, as far as worrying about running out, I worry about it, but I know if I really need it, I can get it.

Although many respondents relied heavily on the food contributions of family and friends, they also talked about the wide array of factors that limited their ability to draw on network support. For example, Marcia, from Philadelphia, outlined her strategy as follows: “My girlfriends will help me out with some food, I don’t really go to my family for stuff like that. I don’t like them to know when I am in need, I don’t know why — it is kind of the pride.”

Sometimes families and friends simply did not have the resources to help. In Philadelphia, Tina’s father shared what he had with her and her five children when she asked. However, Tina expressed a reluctance to go to him for help because he was disabled. Thus, she worried he would run short and might not be able to quickly replenish his food supply, especially during the winter. By round three, Maria, a white Cleveland respondent, had been working for three years, but was cut from food stamps (perhaps in error) when she started working full time and left cash welfare. Each week after that, Maria and her four children ate several meals at her mother’s house, but her mother’s resources were stretched thin by a sister and children in even worse circumstances. In order to help feed her children and grandchildren, Maria’s mother began taking the cash set aside for her mortgage and used money to pay for groceries.

Kathy, in Cleveland, expressed similar difficulties when it came to asking already hard-pressed relatives for food:

They can’t exactly just hand us cash money ‘cause everybody’s having financial problems of their own. No, we don’t -. We don’t get to actually ask our relatives if they can just hand us cash. But, like, we, we need help with something we can borrow it or pay ‘em back some other time, some other way. Like I said, if we were really, really hungry and we didn’t have any food, my relatives would take care of it.

It was also true that sometimes network members who were not financially strained simply chose not to help out. Monica, the respondent who suffered the annual layoffs from the envelope-stuffing job, claimed that her mother was unresponsive to her situation when she was laid off:

I mean, you know, like even when I got laid off and, you know, she [mom] knew that things weren’t good here, okay? But she never even offered the kids nothing, you know. I can fend for myself, and go down to the mission or something, you know, but she didn’t even say to the kids, ‘Well are you hungry? Do you want something to eat?’ Nothing.

Around a third of our full sample in each city had to use food pantries to supplement their stock of food.<sup>18</sup> Some of the respondents saved by not shopping for items they knew they could get at the food pantry. Lisa, an African-American mother of six from Philadelphia, began volunteering part time at a neighborhood church food pantry and she was “paid” with a weekly stock of groceries.

Usually, I make it through because the food I get from the church, the way I do it, I get most of my vegetables from the church. And when I go shopping, I go to the meat market, and I buy meat. I usually don’t have to buy them. Like I get bags of rice from the church, and so usually it’s mostly meats [I have to buy with my food stamps]. And like cereal and milk....

Food pantries and soup kitchens, whether they are located at churches or community centers, only offer food at certain times, offer a very limited amount of food (generally a one to two day supply), and sharply curtail how often families can receive assistance. Even the most generous among them do not generally allow use more than once a month. Thus, families who used pantries often had to expend a good deal of time for a rather meager benefit. Gayle, a white Cleveland resident, told us, “And I don’t even know if I can get to the church [for food] because you’re only allowed to go to those churches every other month. I don’t understand that. You run out of food all the time, not every other month. The food stamps don’t last that long.”

In round three, when most respondents were working, a third of workers reported some form of food hardship.<sup>19</sup> As we showed previously, mothers could sometimes appeal to friends and family, or by visiting a food pantry. However, many respondents told us that they could find no such remedy, and avoided food hardship by adopting more extreme strategies. One Philadelphia respondent with five children, currently a prep cook at a local diner, had resorted to stealing meat from a grocery store in order to feed his five children during a time when he was unemployed. Right before our study began, Linda, from Cleveland, lost her food stamps when she missed an appointment with her welfare caseworker, so she sold plasma to get the money to buy food. In the last year of our study, Brenda prevented her young daughter from going hungry by circumventing the rules of several local food pantries; she used a different name and address

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<sup>18</sup>According to the 2001 Urban Change survey, 9% of Cleveland working respondents and 4% of Philadelphia working respondents went to a food bank in the month previous to the survey.

<sup>19</sup>This ranged from not having enough money to buy food to actually skipping meals or not eating for a day. This estimate is slightly lower than that found by Polit, London, and Martinez (2000) in an earlier analysis of food insecurity with Urban Change Respondent Survey data. They defined “food insecurity” by respondents’ answers to the Household Food Security Scale, and found that over 40% of respondents in the four Urban Change cities who worked experienced some form of food insecurity. This measure is different than that used in the current paper, since we used qualitative data from the interviews to explore whether food hardships were experienced.

each time she went and alternated days, hoping in this way to avoid confronting the same volunteer she'd had earlier. Like Linda, Brenda also sold blood for food money during several difficult months, sometimes twice per week (she gleaned about \$17 each time).

Almost universally, parents were quick to tell us that even though they might have to go without food, they made sure their children did not. In the last year of our study, our respondents from both cities told us about this struggle. Wendy, from Cleveland, said holiday times put a special strain on her food budget: "And then toward the end of th[ose] month[s], you know, I'll go maybe three days at a time without eating just so the kids can have their three meals a day." Joe, from Philadelphia, claimed he went hungry about three times a week so that his children would not. Renee, also from Philadelphia, lost food stamps when she took not one, but two, jobs. Nonetheless, she'd gone hungry several times since she'd been working. She too, made sure her children had food while she went without. "Sometimes [I've] gone hungry because we had no food...I send my kids over there to my sister. That's the only one I would ask—other than that, I won't ask nobody because see I know she always—she's got four kids, she stays with [welfare] and she gets food stamps — I know she's got food."

## **Health**

### **Public-sector health care resources**

Medicaid was part of the standard "package" that welfare-reliant families received in the years prior to PWRORA, and families who left welfare for work were supposed to be assured continued eligibility for six months, regardless of income. If their income stayed below 185% of the poverty line, they remained eligible for a year. PRWORA modified these rules by unlinking Medicaid eligibility from TANF eligibility, allowing families who are income eligible but who may never have been on welfare to receive a medical card (Garrett and Holahan, 2000). However, special provisions remained for those leaving welfare for employment. While those who were not recent welfare leavers were only eligible if their income fell below 135% of poverty, those leaving welfare for work but with higher incomes, up to 185% of the poverty threshold in our sites, could keep their Medicaid for a year.

Most individuals who leave welfare for work find employment in a low-wage job with no health insurance (Polit, London, and Martinez, 2001; Families USA, 1999; Loprest, 1999). Therefore, unless they marry someone who has access to family health insurance, Medicaid is their only health insurance option. Yet, as we cited in the introduction, a large proportion of welfare-leavers who are income-eligible for Medicaid still are not receiving it (Garrett and Holahan, 2000). Why would welfare-leavers who remain income-eligible and within the time-

limit not have Medicaid?<sup>20</sup> The Urban Change implementation study, conducted in Cleveland and Philadelphia and two other cities, found that caseworkers did not always inform their clients that they might be eligible for Medicaid if they stopped their TANF cash assistance (Quint and Widom, 2001). Our data from the client's side, offered us insight into their perceptions of eligibility, as well as other barriers to Medicaid receipt. We found that as with the Food Stamp Program, caseworker error, sanctions or case closures, and confusion over eligibility sometimes put our respondents' medical coverage in jeopardy. Nonetheless, most of our respondents were able to retain their Medicaid coverage for the bulk of our study.

At round one, few mothers felt any confidence that they could land a job that would insure them, much less their families (see also Polit, London, and Martinez, 2001). They frequently expressed concern that complying with the new welfare rules and finding work would leave them and their children uninsured, particularly since so many of the adults and children had chronic health conditions. When we interviewed Tasha, an African-American mother in Cleveland, at baseline, her daughter had severe disabilities brought on by regular seizures, which stemmed from a negative reaction to a DPT immunization as an infant. Tasha didn't worry about losing cash assistance, since she was confident she could out-earn her welfare benefit. However, the prospect of losing medical insurance was downright frightening for her, as her daughter regularly required doctor's visits, medication, and a home health aide. She said, "...[I]f we ever lose Medicaid, I'm in trouble." Fortunately, none of the children with severe health problems in the study lost health coverage, but several asthmatic mothers did.

Unlike child care subsidies and, to a lesser extent, food stamps, many respondents were aware they were eligible for transitional Medicaid benefits once they started work. A fair number, though, were clearly misinformed about the nature of the benefit. When we first interviewed Wendy, a mother of two from Cleveland, she'd come away from a recent meeting with her caseworker believing that once she found work, only she, and not her children, would continue to be eligible for Medicaid. As her 11-year-old son was disabled and on SSI, she saw this as a serious problem. Beyond the frequent doctor visits he required were his medications, including Ritalin and blood pressure pills, and their cost was far beyond her means. Misinformation such as this, whatever its source, can act as a deterrent to work. Tasha's and Wendy's confusion at baseline reflects the depth of misinformation for some of the respondents, since both of their children who required so much medication would continue to be covered by Medicaid through their SSI status. Most of the families in our study maintained their Medicaid between round one and two — a period of about 18 months — even though many went to work. But by round three, several had lost Medicaid for themselves, and some had lost benefits for their chil-

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<sup>20</sup>Garrett and Holahan (2000) suggest that administrative hassles, caseworker misinformation, and stigma may be potential causes for the drop in Medicaid receipt, although their data can not address these issues directly.

dren as well. According to the 2001 Urban Change survey, 31.8% of Cleveland respondents and 23.1% of Philadelphia respondents who had worked in the previous year were without health coverage at some point in that year.

In our ethnographic sample, 30% of working respondents in Cleveland were without any kind of health coverage at some point during the study, while 40% of workers in Philadelphia were without coverage.<sup>21</sup> By talking in depth with respondents who'd lost benefits, we were able to divide the probable reasons for the cutoffs into those resulting from sanctions or case closures, from caseworker errors, and those triggered by the program's time limit or income eligibility threshold.

According to the federal law, states cannot sanction children's Medicaid. Additionally, in Pennsylvania and Ohio, adults cannot have their Medicaid sanctioned for failure to fulfill work requirements, though they can be sanctioned for other reasons (State Policy Documentation Project, 2000).<sup>22</sup> However, our respondents' stories indicate that these protections may be poorly enforced because in a few of our cases, children lost their Medicaid benefits because of sanctions or case closures. Of those who worked, four respondents in Cleveland and four respondents in Philadelphia reported losing their Medicaid benefits because of paperwork problems or caseworker error in the last year of the study, or nearly 15 percent of the working families in the entire sample.

Eileen, in Philadelphia, lost her Medicaid for problems related to the paperwork required for ongoing eligibility. For much of the time we knew her, Eileen worked two jobs; a full time job at a Laundromat and a part-time job at Dunkin' Donuts. When the management at the Dunkin Donuts changed, the outgoing owners did not pay her for the final month she'd worked. Thus, she did not have a paycheck to submit to her caseworker that month. She told us her caseworker didn't believe her employer had cheated her in this way and demanded the nonexistent paycheck. When she couldn't produce it, he cut off her food stamps and Medicaid. Eileen thought her caseworker had it in for her anyway, because just before this incident, she lost her childcare subsidy because the caseworker claimed her caregiver, an adult son, had filled out the provider forms incorrectly. (When she appealed the loss of the childcare subsidy to her caseworker, the caseworker laughed and told her that her son was "stupid." Enraged, Eileen appealed to the supervisor, who reversed the caseworker's decision.) Eileen reasoned that the most

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<sup>21</sup>In their analysis of the first wave (1997 – 1998) of the Urban Change Survey, Polit, London, and Martinez (2001) found that former welfare recipients who were working and not receiving any cash assistance were more likely than those still on welfare to be uninsured at some point in the previous year (42% compared to 13 – 14%). Similarly, in their analysis of the Women's Employment Survey, Danziger et al. (2002) found that welfare-leavers were significantly more likely to not have health coverage and to forego medical and dental care than those who remained on welfare.

<sup>22</sup>In Ohio, a non-pregnant adult can lose their Medicaid if they are facing their third sanction.

recent cut-off had been levied by her caseworker as revenge for the prior complaint. About a year later, Eileen lost a monthly pay stub and couldn't get a copy from her employer. Her caseworker responded by taking away her daughters' Medicaid (she had already lost her Medicaid for a reason she couldn't name).

I had an incident where, I had lost one of my pay stubs. Because I couldn't produce that pay stub, that's when they sanctioned me...And, they took away my medical and, uh, the food stamps for 30 days, just to teach me a lesson that I don't lose pay stubs. [I: So, they took off the whole family or just your case?] No, see, I'm not on it. Only my three little ones are on there...That was to teach the mother don't lose your pay stub. [I: That's what they told you when they cut you?] Yeah.

Another respondent in Philadelphia described a similar type of conflict with a caseworker. At round two, Andrea had been laid off of work, and one of her children, Crystal, had just been diagnosed with diabetes and a debilitating joint condition. Andrea decided to put off looking for another job until her daughter's health situation was stabilized. When she applied for SSI benefits for her daughter, her caseworker demanded that Andrea write a letter explaining why she wasn't working, and describing her daughter's health, which she had already detailed for the SSI application. Her caseworker told her that he would cut Crystal off of Medicaid if she didn't comply.

[My caseworker said] if you don't cooperate, she's gonna be taken off the medical, knowing she needs her insulin, you know, and the things that goes with it. The sugar testing, the, you know, they don't care. You know, what good is the [food] stamps if she can't have medical? She won't be around to use them, to eat off of.

In the first year of our study, Kitina, a white mother of one in Philadelphia, lost her Medicaid for several months because she elected to attend medical assistant training full-time rather than fulfill her job search or work requirement (In Pennsylvania, welfare recipients had to work 25 hours a week in addition to school [State Policy Documentation Project, 2002]). However, it was through this training that she was able to secure a relatively good job later on, which, incidentally, provided private health insurance.

Four Cleveland workers had lost their Medicaid benefits through sanctions or case closures in the last year of our study. In three cases, the whole family lost their benefits, not just the mother. Each of the four worked enough hours to fulfill the work requirements their state imposed, but in each case the caseworker claimed the client had made an error in the ongoing paperwork required or had failed to make a recertification appointment with their caseworker in a timely enough manner. As work requirements put more and more of our families in the time bind

that full-time employment, solo parenting, and long commutes impose, they had more difficulty meeting these requirements. Since they felt their top priority ought to be keeping their jobs, many felt they had to choose between showing up at work on time and making the morning meeting with the caseworker. In those cases where the job won, the mother and her children risked benefit loss, including the all important benefit of Medicaid (see also Quint and Widom, 2001).

Tamara's caseworker cut her and her son off all benefits, including Medicaid, just before the round-two interview. The caseworker claimed Tamara had worked at a country club in Southern Ohio and had failed to report her income.

...they tried to tell me I worked at a place called Chillicothe Country Club that I've never heard of. I ain't never been to Chillicothe and I don't plan on going. I [tell her] I'm not trying [to fight her anymore]...I'm going to work. I don't have time for this. So they terminated my case. [I: Do you think they got you mixed up with someone else?] Yeah. I know they did.

When transitional Medicaid ended, another public-sector benefit — health clinics — sometimes allowed families to meet their healthcare needs. Cuyahoga County, which encompasses Cleveland and its inner suburbs, has two of these clinics, while Philadelphia County, which is contiguous with the city limits of Philadelphia, has a network of ten neighborhood-based clinics where clients pay based on their income. In Philadelphia, prescriptions can be filled for free at these clinics as well. Although some of our respondents reported using these clinics, the hours of operation made it difficult for those who worked (they were open from 8 a.m. to 4:30 p.m. on weekdays only), particularly since they believed that they would have to wait several hours to be seen. Renee lost her Medicaid benefits for herself and her family because she'd exhausted her transitional Medicaid benefits. She paid out of pocket for her children to be seen by their regular doctor rather than go to the local health clinic, claiming she had no time to wait half a day for them to be seen. She told us, "I don't have to pay at the free clinic but it's too much stuff you got to go through and you have to do all this paperwork for them. You get there at 8:00 in the morning when they open the door, and you still leaving out at 1:00.... Me and the free clinic don't click at all."

Over the course of our study, a new program was making its way in the knowledge base of each of the communities we studied; the State Children's Health Insurance Program [SCHIP], called Healthy Start in Cleveland and CHIP in Philadelphia. In Cleveland, Linda's transitional Medicaid ended six months before our last interview, and she was able to move to her employer's insurance plan to cover her own health needs. However, the cost of the family plan was too expensive. Luckily, her children were able to transition into Healthy Start after their Medicaid eligibility ended. Like Linda, two other workers in Cleveland got coverage for themselves from their employers and benefits for their children through Healthy Start. Another

had no insurance for herself, but was able to obtain Healthy Start for her kids. Several other mothers still on transitional Medicaid expressed detailed knowledge of Healthy Start, and said they felt confident that they could cover their children through the program when their transitional Medicaid benefits expired. However, in Philadelphia, CHIP was far less utilized, perhaps because few families there had worked long enough or steadily enough for their transitional Medicaid to have expired, or possibly because the program was less well-known. In fact, only one Philadelphian, Renee, successfully placed two of her three children on CHIP by the end of our study (her eldest retained Medicaid through his SSI), but only after the children had gone without any insurance for a year.

During the three to four years we studied these families, most were protected from Medicaid loss because they combined welfare with work and thus maintained eligibility, or because of the one-year extension of benefits for those leaving cash welfare entirely. Tina, from Philadelphia, was an exception. Just before our round-three interview, her caseworker cut her off food stamps and Medicaid, claiming that she made too much money to render her family eligible for any of the programs. As Tina's income fell below the poverty line for a family of five, the food stamp cutoff was clearly in error. She also remained income eligible for Medicaid, yet she'd used up her 12 months of transitional benefits. Since her caseworker did not tell her that her children were still eligible for Medicaid or CHIP, her children went uninsured.

Also in Philadelphia, Lisa had been without Medicaid for several months when the state removed her six children from her care because of her drug addiction. She successfully completed a drug treatment program, found a job as a nurse's assistant, and by the end of the study, had regained custody of her children. However, because she'd been off of cash welfare for 11 months, her caseworker told her she was only one month from the time limit. Lisa worried about how she would deal with the loss in the face of some rather serious health problems.

I still get medical benefits but they trying to tell me they going to cut me off at the next month because I've been working [full-time] for [12 months], but I'm trying to fight it because I'm a diabetic and I'm Type II, which is uncontrolled. So I don't think that they should be able to cut me off. So I'm going to have to fight that.

### Nonpublic sources of health care resources

By the end of the study, 26% of the Cleveland respondents who'd worked in the past year had insurance through their jobs, and three of these policies also covered the children. In Philadelphia, 24% of those who had worked in the past year had been covered by their employer's health insurance, and two of them had employer-sponsored coverage for their children.

Five other workers across the two sites, including Lisa, had been offered private coverage, but had not taken it because the co-payment was too costly.<sup>23</sup> For the one-third of our sample who were without health insurance coverage at some point during the study, half of the time their children were without coverage as well as the adults.

For those who'd lost Medicaid, relatives or friends in the medical profession occasionally helped out. Maria, a white mother of four children in Cleveland, worked several jobs over the four years we knew her but consistently failed to find jobs that provided health insurance. Fortunately, her mother worked at a pharmacy and was able to get the medicine that she needed for a discount. Others "borrowed" the unused portions of common prescription drugs from family and friends. In the last year of our study, Melissa, from Cleveland, and her three children were uninsured for three months while she waited for her employer's health insurance and Healthy Start to cover them. Her elementary-school aged son had ADHD, but Melissa could not afford to buy his Ritalin. An acquaintance from her son's school stepped in to help out:

That was something though, those three months, cause we ran out of pills, his Ritalin. And one of the ladies at school had some leftover from her kid and she gave them to me...She gave me a prescription of five, was it five? No it was tens and twenty's. [I: Milligrams?] Yeah, cause he takes ten. Cause she had a bottle, a full prescription of twenty's, which meant I could split the pills and take that full prescription and last the two, three months...I cut him back, cause he's supposed to take 'em three times a day. I cut him back just to two times in school during that time.

Another strategy the uninsured sometimes employed was to go to the emergency room, where many believed they could not be turned away for lack of coverage, and to convince a doctor to provide them with a large supply of free samples. Maya, an African-American Philadelphian with one daughter, had recently started working as a full-time teacher when we interviewed her a second time. She'd just graduated from college with a teacher's degree and quickly found two part-time teaching jobs, which provided just enough salary to put her over the Medicaid guidelines. She went without insurance, and got her daughter covered under her father's policy. Once she was hired full time, she waited for coverage for another 90 days. During that time, she suffered two serious health problems related to her chronic asthma. Fearing the large medical bill she would incur, Maya didn't seek treatment the first time. The second time, her sister convinced her to go to the emergency room. She was successful in convincing the doctor to provide her with

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<sup>23</sup>Danielle, a white mother of two in Philadelphia, said it would take more than half of her paycheck for the family to take advantage of her health insurance program. Brenda, a white woman in Cleveland, was a receptionist at a manufacturing firm when we last talked to her. She was offered insurance as well, but would have had to pay \$289 a month for family benefits, a hefty amount despite her relatively high wage of \$10 per hour.

enough free samples to keep her asthma and allergies under control until her insurance kicked in, but she now carries the debt on the unpaid emergency room bill.

After problems with paperwork and conflict with her caseworker, Eileen lost her Medicaid benefits and did not get them back for the remainder of the study. She had serious health problems, including asthma, and occasionally received free samples from a local doctor who provides care on a sliding scale.

Well, if he has samples and stuff like that, like he'll give them to me. Initially, if he don't, then I have to pay for the prescriptions. My one prescription for my breathing pills is \$200.00 [every two months]. My inhalers, I use four of them a month, they're \$28.00 apiece. Then my Prednisone is \$31.00 a month.

## **Conclusion**

This analysis draws on three to four years of longitudinal ethnographic data on 74 families who experienced first hand the most significant changes in the federal safety net for poor families with children in recent history. Our focus is on how those who transition to employment meet their family's basic needs for childcare, food, and health care by accessing both the public and their own private safety nets.

Our interest in this question was motivated in two ways. First, it is these domains that policymakers identified when fashioning the package of transitional benefits to aid families in making the move to employment. Second, though most respondents we followed were actively seeking employment, they expressed doubts about their ability to effectively meet their family's needs in these domains, and worried that their children would suffer because working would mean the eventual loss of food stamps and Medicaid, and would force them to entrust the supervision of their children to others.

In another analysis of these data (Scott et al., 2001) we've shown that most of these families, all receiving cash welfare when we met them in 1997 and 1998, had bought the rhetoric surrounding welfare reform, supported its goals, and had adopted the premise that only by working could they be adequate role models for their children. Good mothers, they reasoned, had to model the value of work themselves in order to motivate their children to do those things that would lead to their own labor market success, such as doing one's homework and staying in school. They also believed that trading a welfare check for a paycheck would mean their children would experience significant material gains. Buoyed by the experiences of family and friends in the wake of an astonishingly strong economy, they believed they would not only find jobs, but good jobs. Thus, they were quite confident the costs of going to work, i.e., the loss of

food stamps, Medicaid (if no employer-sponsored insurance was provided), and the ability to supervise their children themselves, would eventually be more than outweighed.

These views were in sharp contrast to what a similar group of AFDC recipients told Edin and Lein (1997) in the early 1990s, several years prior to welfare reform. The 215 welfare recipients Edin and Lein spoke to almost universally wanted to work, but felt that unless they were able to land an usually good job, the costs of working would swamp any gain in earnings they might enjoy. They also believed that full-time year-round work would compromise their ability to parent their children effectively. For most, the solution was to use the time on welfare to invest significantly in their own human capital, or to simply wait until the “costs” of working were lower (i.e. their need for childcare was reduced). This contrast suggests that the strong economy, with the carrot of work supports and the stick of work requirements may have changed the calculation of the costs and benefits for the average welfare recipient.

Thus, if our families are any guides, at the dawn of welfare reform, recipients were fully on board with the goals of welfare reform, and had embraced them as their own. Over the ensuing three years, the vast majority of families proved they meant what they’d said at baseline, and struggled valiantly to get and maintain employment. In theory, a whole host of transitional benefits should have been available to aid them in meeting their family’s basic needs along the way, but as often as not, the welfare department’s rhetoric didn’t match the real experiences of families. Most families making the move to a job desperately needed these benefits, and when they were forthcoming, a family’s transition was considerably eased. However, the ability of respondents to secure transitional childcare, food, and health care resources depended a great deal on the quality of program implementation in their city or state. When they could not secure these benefits, the vast majority could not replace these resources through the market, since they could not afford to do so.

Our sample across the two cities is small, but the lessons we have taken from this analysis highlight ways that the operation of the public safety net can be improved so that families’ transition from welfare to work can occur without significant hassle or hardship. For a policy change as dramatic as welfare reform, it is important to study it from many vantage points so as to not be only describing one part of the elephant. This paper highlights the experiences of welfare recipients, but the broader Urban Change study includes the experiences of caseworkers, and neighborhood institutions.<sup>24</sup> It is beyond the scope of this study to identify where the breakdown in service delivery occurred across these various programs, but anyone who spends a day in a local welfare office can easily see how the administrative nightmares so many of our families experienced could have been caused by any number of factors. For example, if welfare administrators don’t adequately brief frontline workers on the array of transitional benefits of-

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<sup>24</sup>These reports are available at <http://www.mdrc.org>.

ferred, the caseworkers cannot effectively communicate this information to clients. Even caseworkers who understand the new landscape of benefits for welfare-leavers must be trained and monitored to insure the information gets to the client, and must have a motivation to do so. And though state systems monitor and identify those who are getting benefits in excess of what is allowed, we know of no system to flag cases in which a client has been denied a benefit they are eligible for but not receiving, or have been sanctioned in error.

Certainly, the nature of the low wage labor market, where jobs are often short-lived and variable in hours, makes the average caseworker's job of assessing ongoing eligibility and benefit levels difficult. The vast majority of the women in our sample cycled between a number of jobs with varying hours and pay, so their caseworkers' jobs were especially taxing. Their caseloads may not have been adjusted for the increased burden of each case they were responsible for. Yet in order to make the transition to work manageable for welfare-reliant families, state bureaucracies need to work with these changes in a way that doesn't create logistical nightmares for poor single parents who are trying to play by the rules. Those who know quite well what they're eligible for from the welfare department sometimes simply do not have the time or energy to deal with the administrative hassle involved. Even the small differences in the reporting requirements between Cleveland and Philadelphia (i.e. monthly versus quarterly) seemed to make a great deal of difference in the experiences of families.

Parents who are juggling work and family on a limited income do not have the time or the resources to do the research on the benefits they should be receiving, so many do not have the expertise or courage to challenge their caseworkers, even if they suspect the caseworker is in error. Additionally, most respondents realize that they do not hold the power in this relationship, and the stakes for them are high if they challenge the system. Thus, state welfare systems must insure that recipients are adequately and accurately informed about all aspects of the state TANF program, including the carrots (transitional benefits) and the sticks (time limits and sanctions). The high rate of turnover among caseworkers makes this an enormous problem. But our analysis shows that securing access to the work-based safety net is crucial for insuring the needs of families with children are being met.

In lieu of public-sector supports for childcare, food, and healthcare, families often turn to non-public resources, including their personal networks, private charities, and, in the case of Medicaid, to their employers. Many assume that those with private resources do not need access to the work-based safety net, or even that the quality of nonpublic resources exceeds those the public sector provides. While this assumption is occasionally correct, it is often in grave error. In the childcare domain, though some children without subsidies were able to spend time with a caring and competent grandmother, others were left in the care of adults who were, in their mother's view, verbally abusive, unreliable, struggling with drug addictions or mental illness, or even downright neglectful. In a few situations, children were left caring for children, sometimes

to the detriment of both the recipient and giver of the care. Some of these mothers would much rather have used licensed care, but couldn't get access to the subsidy. In the food domain, parents could often get a meal from a family member or friend, but several knew they were putting pressure on a set of network resources that were already spread thin. Food pantries provided some relief, but the stringent limitations they put on the receipt of food and the stigma they imposed increased the transaction costs of employing this strategy. In the health care domain, the main nonpublic resource was the employer, who seldom provided health care benefits and when so, often charged a higher co-payment than the family could afford to pay.

Equally important, neither the quality nor the availability of nonpublic childcare, food, or healthcare resources are evenly distributed among the poor. Edin and Lein (1997) showed that those families with the most ready and valuable offers of support from kin, friends, and institutional sources, were those same families who were already advantaged in other ways; namely, whites, those living in better neighborhoods, and those who'd been on the rolls a shorter amount of time. Other analyses of social network support have also shown higher rates of receipt among the more advantaged (Roschelle, 1997; Hogan, Eggebeen, and Clogg, 1993). Thus, an overreliance on the private safety net may exacerbate, rather than ameliorate, inequality.

We conclude by offering a warning to the reader. The story we tell here might be unduly rosy. When we left our families in 2000 and 2001, the economy was still strong, and most had not yet exhausted the broad array of supports the welfare department offered those who began working. Those who benefited from the ability to combine welfare and part-time work and keep most of their earnings will soon reach the five-year life time limit for cash welfare benefits. Those who've left cash welfare behind may have also now lost Medicaid benefits because they've hit the time limits. Others will have earned their way just above the eligibility thresholds for these programs, which may cause a sudden spike in their work-related expenditures. Some will find their earnings are insufficient to make up the difference. As the economy sags, federal and state officials may feel tempted to cut back on the already-weakened public safety net at a time when it is most needed. The message we have learned from the families in our sample, however, is that this safety net is crucial to their well being. In addition, those who care about the well being of families with children must think seriously making sure that these benefits are delivered to needy low-wage workers and their families in a smooth, hassle-free manner.

Finally, we want to note that throughout the course of our study, state officials in both Ohio and Pennsylvania did make modifications to their systems to try to increase their support of families moving from welfare to work. In Ohio, officials amended their computer eligibility verification system so that caseworkers could close the cash assistance benefits for a recipient but not terminate Medicaid benefits. Furthermore, Cuyahoga County launched an advertising campaign to increase awareness of the State Children's Health Insurance Program. In the be-

ginning of 1999, Child Care Works went into effect in Philadelphia. This program increased and expanded child care funding for working poor families who no longer received cash assistance. Implementation of policies as major as welfare reform can be a continuously changing process. The point of our story about barriers to accessing benefits is not to criticize implementation in specific locales, but rather to point out pitfalls that can occur in any county's delivery of services to families moving from welfare to work.

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