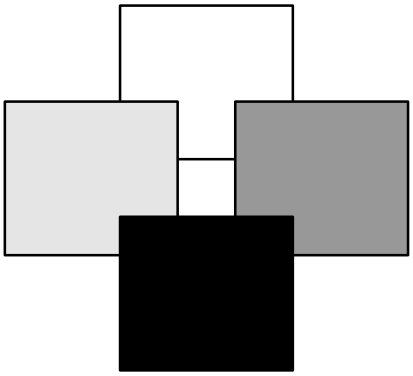
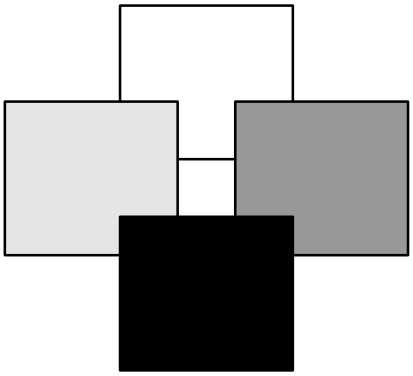


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# BARRIERS TO THE EMPLOYMENT OF WELFARE RECIPIENTS

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# BARRIERS TO THE EMPLOYMENT OF WELFARE RECIPIENTS

## INTRODUCTION

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 ended the federal guarantee of cash assistance and replaced the Aid to Families with Dependent Children Program with the Temporary Assistance for Needy Families (TANF) Program. Receipt of TANF funds is limited to five years or less at state option.[1] Such changes at the federal level reflect, in part, state-level experiments that had been conducted over the past two decades. Prior to 1996, more than half of the states had instituted work requirements for some portion of the welfare caseload (under the Job Opportunity and Basic Skills Program of the Family Support Act of 1988), and 31 states had received waivers from the federal government to test time-limited welfare receipt (USDHHS, Administration for Children and Families, 1996). These state-level reforms, coupled with a strong economy, contributed to pre-PRWORA declines in the welfare caseload -- between Fiscal Years 1994 and 1996, the average monthly AFDC caseload dropped almost 14 percent (U.S. Department of Health and Human Services, 1996).

With the implementation of TANF and the continuing robust economic recovery, caseloads have continued to decline -- 35 percent between August 1996 and September 1998 (USDHHS, Administration for Children and Families, August, 1998; Ziliak et al., 1997). The caseload decline for Michigan from the start of TANF, February 1996 to February 1997 (the month in which this study sample was drawn), was 15 per cent. From August 1996 to September 1998, its number of recipients fell by 39 percent, slightly above the rate for the U.S. At the same time, the employment opportunities for low income women were no doubt expanding with the tight labor market. Michigan's

unemployment rate was at 5.1% in February 1997 and fell to 3.7% in September 1997 and 3.4% by September 1998.

The dramatic caseload reductions over this early period of welfare reform have led policy makers, researchers, and advocates to analyze the employability of recipients remaining on the rolls and to evaluate what services might be required to foster their transition from welfare to work. Some have hypothesized that many personal problems -- for example, poor physical or mental health, lack of transportation, and/or low skills -- diminish the labor market prospects of current recipients and may interfere with their ability to comply with expanded work requirements. Recipients with a complex set of such barriers, who are neither exempt nor provided specific help to resolve these problems, are especially vulnerable to losing assistance for failure to meet these requirements, even if they have no alternative means of support.

Analysis of potential barriers to employment, especially during a tight labor market, can reveal the extent to which current welfare recipients have problems that either singly or in combination interfere with participating in training programs, complying with new rules, and ultimately, getting jobs, keeping jobs, and increasing wages. The robustness of the economy allows us to assume fewer demand-side employment constraints and perhaps a more accurate measure of supply-side constraints. How much these potential impediments to work put women and children in jeopardy depends on what service programs, training programs, and employers do in response to the problems and whether they are addressed prior to the termination of the families from public assistance rolls.

Currently, most state programs emphasize job search assistance services that are designed to move as many recipients as possible quickly into jobs. Typically they do not systematically assess whether undiagnosed barriers to employment, such as lack of basic work skills and experience, inadequate knowledge of workplace norms, transportation problems, health and mental health problems, substance abuse, and domestic violence, limit recipients' capacities to work regularly (Seefeldt, Sandfort, and Danziger, 1998). As we suggest in this chapter, such a "work first" strategy may be appropriate for many welfare recipients who were on the caseload when PRWORA was passed. However, given the large decline in caseloads since its passage, recipients who have not yet entered the workforce are likely to have more of these problems than pre-1996 recipients.

In this paper, we use a new survey of a representative sample of single mothers who were welfare recipients in an urban Michigan county to explore how such employment barriers, often ignored by previous welfare researchers and by policy makers, constrain their employability. We answer four questions about these barriers:

1) How prevalent among women who were welfare recipients is each of a large number of barriers to employment?
2) What percentage of these women have multiple barriers?
3) Is the number of barriers associated with welfare mothers' employment? How much does employment decrease as the number of barriers increase?
4) Which individual barriers matter for employment and how much more do we learn when we examine a comprehensive set of barriers than when we predict employment as a function of their schooling, work experience and past welfare receipt?

We begin with a review of the literature relevant to welfare mothers' employment that identifies a comprehensive set of potential barriers to the transition to work. Then we describe our data, sample, measures and methodology. We next present results which show that (1) welfare recipients in the sample have unusually high levels of some barriers to work, such as self-reported physical and mental health problems, domestic violence, and lack of transportation, but relatively low levels of other barriers, such as drug or alcohol dependence and lack of understanding of work norms; (2) most recipients have multiple barriers; (3) the number of barriers is strongly and negatively associated with employment status. In addition, we find that (4) an expanded regression model that includes these barriers is a significantly better predictor of employment than is a model that only includes variables traditionally measured, such as education, work experience and welfare history. We conclude with a discussion of the implications of these results for understanding the employment and post-welfare experiences of single mothers and for reforming welfare-to-work policies.

## LITERATURE REVIEW

Most welfare-to-work programs now being operated by the states seek to move recipients into the workforce quickly. Typically, they do not conduct assessments for or provide services to address a wide array of potential employment barriers, even though previous studies indicate that a number of personal factors impede employment (for a review, see Kalil et al, 1998).

Many studies indicate that a sizable minority of recipients are unable to keep jobs and cycles between work and welfare (Harris, 1993, 1996; Pavetti 1993; Spalter-Roth et

al., 1995). Some recipients were unable to get jobs, while others secured jobs, only to lose them because of inadequate job skills (Bane and Ellwood 1994; Harris, 1996; Wagner et al., 1998). Holzer (1996) surveyed 3200 employers about entry-level jobs available to workers without a college degree and reported that most jobs required credentials (high school diploma, work experience, references) that many recipients do not have. For example, about half of all welfare recipients are high school dropouts, and about 40 percent had no experience prior to their first welfare spell (Harris, 1996).

Holzer (1996) also reported that most entry-level jobs required workers to perform one or more of the following tasks on a daily basis — reading and writing paragraphs, dealing with customers, doing arithmetic, and using computers. In contrast, the average welfare recipient reads on a sixth to eighth grade level and may not be able to perform many of these basic tasks (Barton and Jenkins, 1995).

Another possibility is that recipients are not "work ready"--i.e., they do not understand or follow workplace norms or behaviors. Evaluations of the Project Match and New Chance Demonstrations report that many recipients lost their jobs because they failed to understand the importance of punctuality, the seriousness of absenteeism, and resented or misunderstood the lines of authority and responsibility in the workplace (Berg, Olson, and Conrad, 1991; Hershey and Pavetti, 1997).

Employer discrimination may also inhibit employment prospects. Employer audit studies demonstrate that African-Americans and Latinos are less likely to receive job offers than are whites with comparable credentials (Turner et al., 1991), and qualitative data suggest that employers negatively stereotype African-Americans (Kirschenman and

Neckerman, 1991). Almost half of African-American women in a Los Angeles survey report having experienced job-related discrimination (Bobo, 1995).

Mental health problems may further limit welfare recipients' employability. High levels of depressive symptoms among recipients have been documented (Steffick, 1996; Olson and Pavetti,1996). In addition, many welfare mothers experience traumas – e.g., rape, domestic violence, and sexual molestation – that put them at high risk for post-traumatic stress syndrome (PTSD). Among participants in a welfare-to-work program in New Jersey, 22 percent reported having been raped; 55 percent, having experienced domestic abuse; and 20 percent, having been sexually molested as a child (Curcio, 1996). While previous studies document the negative consequences of mental health problems on men's employment and work hours, little information is available on the nature of the relationship between such problems and work for welfare mothers (Jayakody, Danziger, and Pollack, 1998; Kessler and Frank, 1997).

Substance abuse also might negatively affect employment. Estimates of prevalence of substance abuse among welfare recipients range widely from 6.6 to 37.0 percent, depending in large part on the measure used (Olson and Pavetti, 1996). The 1992 National Household Survey of Drug Abuse reports that 15.5 percent of recipients were impaired by drugs or alcohol — twice the rate of nonrecipients.

Olson and Pavetti (1996) hypothesize that mothers' and children's physical health problems could reduce employment. Rates of physical health problems are higher among welfare mothers and their children than among women and children in the general population (Loprest and Acs 1995; Olson and Pavetti, 1996), and there is a positive association between women's own employment and health (Kessler, Turner and House,

1987; Bird and Freemont 1991). Wolfe and Hill (1995) find that a single mother's health affects her work effort through her potential wage rate and estimated value of public and private insurance. They further find that her child's health affects a single mother's number of hours of work, but not her probability of employment. Several evaluation studies of welfare program suggest that health problems caused recipients to lose jobs (Hershey and Pavetti, 1997).

Involvement in violent personal relationships is another potential barrier to work. Domestic violence is present in the lives of a high percentage of women on welfare (see Raphael and Tolman, 1997 for a review). Bassuk, Browne, and Buckner (1996), Bassuk, et al. (1996) and Lloyd and Taluc (1999) found lifetime prevalence rates of domestic violence ranging from 48 to 63 percent, and current rates of domestic violence ranging from 10 to 31 percent. Violent partners may sabotage mothers' attempts to enter the workforce.

This review suggests the need to evaluate whether a variety of these factors reduce welfare recipients' employability. Olson and Pavetti (1996) note that the presence of any single problem may not be an insurmountable barrier to work, but the presence of multiple problems may reduce employment. Using data from the 1991 NLSY, they estimate that 30 percent of welfare recipients had more than one of the following: mother's and child's poor health, alcohol and drug problems, depression, and low basic skills. However, expanding the definition of barriers to include milder forms of skill deficits and additional barriers, such as the exposure to domestic violence, could substantially increase the percentage of the welfare population with multiple barriers (Olson and Pavetti, 1996, p.27). In sum, many potential barriers to work, their

prevalence and co-occurrence, and their effects on work have been ignored in past studies of welfare recipients and in policy discussions of how to move recipients from welfare to work. This study seeks to remedy these omissions.

## DATA, SAMPLE AND MEASURES

### Data and Sample

In late 1997, the Women's Employment Study (WES) first surveyed a random sample of 753 single mothers with children who were on the welfare rolls in an urban Michigan county in February 1997. The sample was systematically selected with equal probability from an ordered list of the universe of active single mother cases of the Michigan Family Independence Agency. To be eligible for the sample, the women had to be

- between the ages of 18- 54;
- white (non-Hispanic) or African American;[2] and
- U.S. citizens.

The completed in-person interviews lasted about one hour; the response rate was 86 percent . WES respondents were interviewed between September 1997 and December 1997, seven to ten months after the sample was drawn. Respondents were interviewed a second time in late 1998 and were interviewed for a third time in late 1999-early 2000. For further information, see Appendix C: Sample Description and Survey Procedures.

In designing this study, we cast a wide interdisciplinary net over the potential problems that could be prevalent among welfare mothers and could impede their moving into the work force and leaving the rolls. We included measures of traditional human capital variables, such as failure to complete high school and low work experience, but

we extended our measures to focus on mental and physical health problems, and other psychosocial and familial disadvantages.

**Demographic Measures**

In late 1997, at the time of the survey, 72 percent of the respondents continued to receive cash welfare benefits. Of these welfare recipients, about half were fulfilling the state's requirement of working at least twenty hours a week. About 60 percent of all nonworking welfare recipients had participated in the mandated job search training program within the year. Among the 28 percent of the respondents who were no longer receiving welfare, about three quarters were working at least 20 hours a week, and about half were working at least 35 hours a week.

Table 1 describes the employment status and demographic characteristics of the sample as a whole. Fifty-eight percent of all respondents were working at least 20 hours per week, as required as a condition of assistance in Michigan.[3] Another 4 percent worked less than half time. Most of the jobs were in the service sector and few provided benefits.[4] Of those women who were employed at the time of the survey, almost half (30/62 percent) were working 35 hours a week or more.

Fifty-six percent of respondents are African-American and 44 percent are White. About 28 percent of the sample were between 18 and 24 years old; 46 percent were between 25 and 34 years, and 26 percent were between 35 and 54 years old. Almost 9 out of 10 of the women lived in urban census tracts in the county. While all of the respondents were receiving welfare as single mothers in February 1997, 24 percent were living with a spouse or partner at the time of the survey. We do not know how many were cohabiting in February. About two-fifths were the primary care-giver for at least

one child younger than 2 years, and about the same percentage, for a child between the ages of 3 and 5. The average number of years of welfare receipt since turning age 18 was 7.3, ranging from 1 to 30 years.

**Employment Barrier Measures**

Table 2 lists our measures of fourteen barriers to employment.[5] These measures were defined with the cut off point for a potential barrier as follows.

Education, Work Experience, Job Skills and Workplace Norms. A respondent is considered to have an education barrier if she neither graduated from high school nor received a GED.[6] A respondent is considered to have low work experience if she worked in less than 20 percent of the years since she turned age 18. Respondents were asked about having performed nine tasks on a daily, weekly, or monthly basis in previous jobs: work with a computer; write letters or memos; watch gauges; talk with customers face to face; talk with customers on the phone; read instructions; fill out forms; do arithmetic; work with electronic machines. If a respondent had performed less than 4 tasks, she was classified as having this barrier. These skill questions were adapted from Holzer (1996).

Respondents were asked about the appropriateness of nine behavioral workplace norms. They answered "yes" or "no" to whether it would be a problem at work if they missed work without calling in; did not correct a problem pointed out by a supervisor; came to work late; made personal calls; argued with customers; left work early; took a longer break than scheduled; refused tasks not in the job description; or did not get along with a supervisor. Those who replied that 5 or more of these would "*not* be a serious problem" were classified as having this barrier. These questions were based on Berg, Olson, and Conrad (1991).

Perceived Discrimination**.** Respondents were asked 16 questions about discrimination, including whether they thought that they had ever been refused a job, fired, or not promoted because of their race, sex, or welfare status (Turner et al., 1991; Bobo, 1995; Kirschenman and Neckerman, 1991).[7] The women were asked if their current or most recent supervisor made racial slurs, made insulting remarks about women, or made insulting remarks about welfare recipients. They were asked about whether they thought that they had experienced discrimination because of race, gender or welfare status on their current/most recent job, including whether they had been sexually harassed at work. Women who reported four or more instances of these experiences were classified as having this barrier. These questions were adapted from Bobo's Los Angeles household survey (1995).

Transportation. We considered a respondent to have a transportation problem if she lacks access to a car and/or she does not have a driver's license.

Mental health and substance dependence. Mental health and substance dependence were assessed using diagnostic screening batteries for the 12-month prevalence of five psychiatric disorders as defined in the Diagnostic and Statistical Manual, revised third edition (DSM-III-R) -- major depression, post-traumatic stress disorder (PTSD), generalized anxiety disorder, alcohol dependence, and drug dependence. Questions come from the Composite International Diagnostic Interview (CIDI) used in the National Co-morbidity Survey (NCS), the first nationally representative survey to administer a structured psychiatric interview (Kessler, et al., 1994**).** The items in each of the five indices are scored for clinical caseness, and all

respondents who meet the scale criteria for a disorder are defined as having the disorder barrier.

Physical Health. Sample members were asked about physical limitations and to rate their general health using questions taken from the SF-36 Health Survey (Ware et al, 1993). Respondents who rated their general health as poor or fair and who scored in the lowest age-specific quartile (based on national norms) of the multiple-item physical functioning scale were defined as having a health problem. Respondents who reported that at least one child had a physical, learning, or emotional problem that limited his/her activity were defined as having a child with a health problem.

Domestic Violence. Domestic violence is measured by the Conflict Tactics Scale (CTS), a widely-used measure of family violence (Strauss and Gelles, 1986; 1990). We defined the barrier from the items indicating recent (past 12 months) severe physical abuse. This sub-scale indicates whether the respondent has been hit with a fist or object, beaten, choked, threatened with a weapon or forced into sexual activity against her will.

## METHODOLOGY

The analysis sample includes the 728 respondents who had no missing data on employment status, selected demographic characteristics, or on any of the 14 barrier measures. We begin by estimating the prevalence of individual and multiple barriers in the sample. This tells us how many recipients face obstacles in these domains.

Next, we examine whether the number of barriers a recipient has affects her employment status by estimating equation (1) which expresses employment status as a function of the number of barriers, prior welfare receipt, and a series of demographic controls,

$$(1)\quad EMP = \alpha_0 + \sum_{i=1}^{7} \alpha_i N_i + \beta W + \sum_{j=1}^{n} \theta_j X_j + \mu_1$$

where:

EMP = 1 if working 20 or more hours/week; 0 otherwise

$N_i$ = 1 if the number of barriers = i; 0 otherwise; i = 1…6

$N_7$ = 1 if the number of barriers is 7 or more; 0 otherwise

W = number of years of prior welfare receipt

$X_j$ = set of demographic controls (marital status, race, age, number and ages of children, urban/rural residence)

$\mu$ = random error term

We estimate equation (1) using logistic regression.

As a last step, we investigate how each of the individual barrier indicators affects a recipient's employment status by estimating equation (2) which expresses employment status as a function of each of the 14 individual barrier measures, prior welfare receipt, and demographic controls.

$$(2)\quad EMP = \beta_0 + \sum_{k=1}^{14} \beta_k \ Bar_k + \gamma W + \sum_{j=1}^{n} \theta_j X_j + \mu_2$$

where $Bar_k$ = a set of 14 dummy variables representing each of the barrier measures.

For comparison purposes, we also estimate a model which expresses employment status as a function of education, work experience, prior welfare receipt, and demographic controls – the model typically used in past analyses of welfare to work transitions. This comparison provides an estimate of how much an expanded set of barriers improves our ability to predict the employment of welfare recipients.

## RESULTS

### Prevalence of Specific Barriers.

Table 3 reports the prevalence among respondents of each of the 14 barriers in column l and (where possible) their prevalence in national samples of adult women in column 2. Recipients are much less likely to have graduated from high school and much more likely to have experienced transportation problems, to meet screening criteria for mental health problems and report physical health problems, child health problems, and severe physical abuse than women in the general population. On the positive side, recipients were no more likely to meet the screening criteria for drug or alcohol dependence than were adult women in the general population.

About 30 percent of respondents had not finished high school (compared to 12.7 percent of women in this age range in the March 1998 Current Population Survey), and about one-fifth had previously used less than four of the nine job skills. One in seven women had little work experience, and just nine percent knew 5 or fewer of the nine workplace norms. The finding that most recipients are familiar with work norms was a surprise, given that much of the job preparation training in "work first" programs assumes a general lack of this knowledge among recipients. About half of the recipients reported experiencing at least one instance of discrimination, and 13.9 percent reported four or more instances of these problems (out of 16) in their prior work experiences. Transportation problems were common -- about half of the respondents lacked access to a car and/or did not have a license to drive. Comparatively few women nationally report lack of access to a vehicle in the household.

Mental health problems were common: 35 percent of respondents met the criteria for at least one of the five DSM-III-R diagnoses. A quarter reported symptoms of a major depression within the past year; 15 percent met criteria for post-traumatic stress disorder (PTSD); and 7 percent, for generalized anxiety disorder. These rates are considerably higher than those for women ages 15-54 in the National Comorbidity Study (NCS), where the rate of major depression was 13 percent, and that of generalized anxiety disorder, 4 percent. There are no national estimates for 12-month prevalence of PTSD, but 29 percent of our sample meet the criteria for a lifetime experience of PTSD, compared to less than 10 percent of women in the NCS. It should be noted, however, that the NCS used the full diagnostic batteries for each disorder.

Self-reported substance dependence was low in this sample and comparable to prevalence rates in the NCS. Despite the popular view that many women on welfare abuse alcohol and drugs, only 3.3 percent of sample met the DSM-III diagnostic screening criteria for drug dependence, and only 2.7 percent, for alcohol dependence. It is possible that respondents (as well as the national sample of women) under-reported their alcohol and drug dependence, because dependence involves a stricter definition of impairment than does use or abuse.[8] In addition, as noted, we used the screening version of the NCS measures. These substance dependence rates are somewhat lower than those reported among welfare recipients in national samples (Jayakody, Danziger and Pollack, in press).

About one in five mothers reported a health problem, and a similar fraction reported that at least one of their children had a health, learning or emotional problem. Our composite measure of maternal health is not directly comparable to measures used in

national surveys (thus not reported in Table 3), but we can compare mothers' scores on its two components to findings from national surveys. Respondents were twice as likely as the general population of adult women to report physical limitations and three to five times as likely to report their general health as poor or fair as are non-elderly women nationally (McDowell and Newell, 1996). The prevalence of having a child with an activity-limiting physical, emotional or learning condition was higher in our sample than in an NLSY sample of young mothers. However, the measure used in the national sample is slightly more complex, and the age range of the mothers is narrower than in our sample.

About 15 percent of the women reported being severely physically abused by a husband or partner in the last year. This rate is four to five times higher than rates found in national surveys (Straus and Gelles, 1986; 1990; and Plichta, 1996), but similar to rates reported in other studies of welfare recipients (Raphael, 1995).

We hypothesized that each of these 14 characteristics listed in Table 3 is a potential barrier to work. Bivariate analysis documents some clear relationships. The last two columns in the table show the proportion who work at least 20 hours per week, first for women with and then for those without each barrier. For nine of the fourteen barriers, women who have the barrier are significantly less likely to work than those without the barrier. These include: 1) Less than a high school education or GED; 2) little work experience; 3) previously used fewer than 4 of 9 job skills; 4) had 4 or more prior perceived experiences of job discrimination; 5) lack of access to a car and/or license; 6) recent major depressive disorder; 7) drug dependence; 8) poor health; and 9) had a child with health, learning or emotional problems. For example, 34.2 percent of

women with few job skills worked at least 20 hours per week, compared to 64.0 percent of those with more previous job skills.

There were few differences between whites and African-Americans in the prevalence of individual barriers. As shown in Appendix A, only three of the 14 individual barriers differ significantly between African-American and white-non Hispanic respondents – lacking a car and/or a driver's license, having previously used less than 4 job skills and meeting the screening criteria for a major depressive disorder within the past 12 months; African-American recipients are more likely to have the transportation and skills barriers, whereas white recipients are more likely to meet the criteria for major depression. The distribution of the number of barriers (bottom panel of Appendix A) does not differ significantly by race.

**Prevalence of Multiple Barriers**

The majority of the women in the sample meet the criteria for several barriers, thus potentially compounding their disadvantages in the labor market. One or two barriers may have little effect on employment, but multiple barriers might seriously impede employment. For example, mental health and physical health problems might require frequent doctor visits, leading to absences from work. One of these problems alone might not interfere with work, but in combination with low education and few job skills, they could create obstacles on the job or in job search. Lack of a high school diploma by itself does not constitute a rigid barrier to employment, but an employer might be less willing to hire a high school dropout who also has few work skills, transportation problems and is depressed.

Figure 1 reports the distribution of the number of barriers among respondents. Almost all recipients (85 percent) had at least one barrier to employment. In contrast to Olson and Pavetti's 1991 NLSY data (1996), where most recipients had only one barrier, only 21 percent of our respondents currently have just one of the 14 barriers. Multiple barriers were common – 37 percent had 2 or 3 barriers; 24 percent, 4 to 6 barriers; and 3 percent, 7 or more barriers. Given the high prevalence of co-occurrence of barriers across this wide range of domains, we next examine how the number of barriers is related to employment.

**Barriers and Employment Outcomes.**

We explored the association between the number of barriers and the respondent's employment status at the time of the interview by estimating equation (1). The dependent variable in equation (1) indicates whether a woman was working at least 20 hours per week at the time of the survey. Independent variables include seven dummies for the number of barriers, number of years received welfare since the age of 18, and demographic control variables (marital status, race, residence in an urban census tract, age, and whether and how many young children she cares for). Panel I of Table 4 reports the results.

The probability that a woman worked at least 20 hours (as required for a recipient to be in compliance with Michigan's welfare rules) decreases as her number of potential barriers to work increases. All of the coefficients on the number of barriers are negative and significant. The sizes of the coefficients cluster into five groups: 0 barriers, 1 barrier, 2-3 barriers, 4-6 barriers, and 7 or more barriers. We next estimated an equation which replaces the seven dummy variables in Panel I, with four dummy variables

representing these five clusters. Panel II of Table 4 reports the results. Again, employment decreases sharply as the number of co-occurring barriers increases, and all four of the coefficients are significant. Of the demographic characteristics, living in an urban census tract, mother's age, and the number of years of prior welfare receipt were all significantly associated with women's employment; however, neither marital status nor race were significant predictors of work.

Table 5 converts the estimated regression coefficients reported in Panel II of Table 4 into predicted probabilities. The values represent the probabilities that a single, African-American mother, aged 25 to 34 who lived in an urban census tract, had one child under two years of age, no children between the ages of 3 and 5, and had received welfare for 7 years would work at least 20 hours per week if she had: 0 barriers; 1 barrier; 2 or 3 barriers; 4 to 6 barriers; or 7 or more barriers. The results are striking -- the greater the number of barriers, the less likely the woman is to work. Women with only one barrier had a significantly different probability of working compared to women with no barriers (71.5 versus 82.1 percent). After that, employment drops sharply and significantly as the number of barriers rises. A woman has three in five chances of working if she has 2 or 3 barriers; two in five chances of working if she has 4, 5, or 6 barriers; and only a one in twenty chance of working if she has seven or more barriers to work.[9]

The coefficient on race in Table 4 is small and not significant, so the employment probabilities for whites, holding other characteristics constant, are similar to those shown in Table 5 for an African American single mother. The probabilities for a white single

mother with these characteristics with 0, 1, 2-3, 4-6, or 7+ barriers are: 83.8, 73.9, 65.2, 42.9, and 6.0 percent respectively.

**Human Capital Versus Expanded Barrier Model**

The analyses so far show that multiple barriers are associated with the diminished employment among welfare recipients. However, the analyses do not identify which of the individual barriers have the largest effects, and do not show how well the expanded set of indicators improves our understanding over previous studies which typically predict employment on the basis of recipients' education, work experience, welfare experience, and demographic characteristics.

Table 6 presents this analysis by estimating two versions of equation (2). Panel I reports results when employment status is regressed on schooling, work experience, years of welfare receipt, and demographic controls – the human capital model used in prior research based on measures typically available in data sets. The results are consistent with these studies. The presence and number of very young children, and lower levels of schooling and work experience are negatively associated with employment.

Panel II of Table 6 reports results when employment status is regressed on work experience, schooling, years received welfare, our additional twelve barrier measures, and the demographic controls.[10] This expanded model is a better overall predictor of employment, and most of the barrier measures which had significant bivariate associations with employment (shown in Table 3) remain significant in the full model. In addition to low education and lack of work experience, six other barriers are negatively and significantly associated with working at least 20 hours a week: having few work skills, perceiving 4 or more experiences of workplace discrimination, lacking access to

transportation, and meeting the screening criteria for depression, drug dependence or poor health. In addition to these barriers, being younger, having very young children and not living in an urban census tract reduce employment. Factors such as race, marital status, lack of knowledge of workplace norms, and recent domestic abuse are not significantly associated with employment.

Table 7 converts the eight significant estimated regression coefficients reported in Panel II of Table 6 into probabilities and presents the difference in the likelihood of working with and without each of the seven barriers. The first column shows the prevalence of each barrier in the sample (as reported previously in Table 3) for comparative purposes. Column 2 row 1 reports the employment probability of a typical woman in the sample (single, African American, lives in an urban census tract, has one child between the ages of 0 and 2 but no children age 3 to 5, and has received welfare for 7 years) who reports none of these barriers. Rows 2 through 8 of column 2 report the probability that a typical woman with only the barrier listed in that row is working 20 or more hours per week. The numbers in column 3 report the difference between the probability of working for women with no barriers and that of working with only the single barrier in that row. For example, almost half of the women have transportation problems and there is a 12.4 percentage point difference in the probabilities of working between those with and without access to a car or a drivers' license. The largest individual barrier effects are for perceived discrimination, few work skills and drug dependence – about 17, 13 and 20 percentage points respectively. But about 14 percent of the sample felt they had been discriminated against in the workplace and one-fifth lack work skills, while only 3.3 percent of the women meet the criteria for drug dependence.

## SUMMARY

We began this paper with four questions:

1) How prevalent among women who were welfare recipients is each of a large number of potential barriers to employment, such as health problems, mental health problems, few job skills and inadequate knowledge of workplace norms?
2) What percent of these women have multiple barriers?
3) Is the number of barriers associated with welfare mothers' employment? How much does employment decrease as the number of barriers increases?
4) Which individual barriers matter for employment, and how much do we gain by adding this comprehensive set of factors to a model of employment?

Barriers to work are quite prevalent. Only 15 percent of the respondents had none of the 14 barriers analyzed. The women in the WES sample, all of whom received welfare in February 1997, reported much higher rates of personal health problems, health problems among their children, mental health problems, and domestic violence experiences than do women in national samples. In addition, substantial percentages of respondents had not completed high school, possessed few job skills, reported multiple instances of perceived workplace discrimination, and lacked access to a car and/or a driver's license. There are some positive findings with regards to these barriers – most recipients knew most workplace norms, most had at least some past work experience, and

recipients were no more likely to meet criteria for drug or alcohol dependence than were women in the general population.

Given the high prevalence of many of the individual barriers, it is not surprising that multiple barriers were common. Almost two-thirds of the women had two or more potential barriers to work, and over one-quarter had four or more. These barriers were strongly associated with women's employment in late 1997. The more barriers a woman had, the less likely she was to be working. For example, only two-fifths of women with 4 to 6 barriers and one in twenty with 7 or more barriers worked at least 20 hours per week. We expect that the women in this panel who remain on welfare over the next few years will, like current long-term recipients, have greater number of barriers and hence, an even more difficult time securing employment.

Finally, the individual barriers that were significantly associated with working at least 20 hours a week, controlling for a variety of other factors, include low education, few work skills, lack of work experience, poor access to transportation, health problems, drug dependence, major depression, and experiences of perceived workplace discrimination.

## POLICY IMPLICATIONS

The continuing strong economic recovery has contributed to the caseload declines and the increased employment of welfare recipients (see also Ziliak et al., 1997). The fact that over half of the sample were fulfilling the work requirement of at least twenty hours a week suggests that when the county unemployment rate is about 5.7 percent, many recipients can meet policy expectations. However, most of these women were working in low-wage, service sector jobs that provide few benefits (data not shown).

For the group with few or no barriers to employment, the low wages and lack of health insurance in many of these jobs suggest a continuing need for policies that make work pay. Refundable child care credits at the federal level, a state earned income tax credit, and further promotion of newly-available child health coverage may be the kinds of reforms that will promote well-being among those who can succeed in moving into this labor market. And, when the economy turns down, there will be a need for transitional jobs or special unemployment insurance provisions for those who are able to work, but cannot find an employer to hire them (Holzer, 1998).

Even with the current extent of job availability, however, the heterogeneity of the welfare caseload means that different strategies will be needed to move mothers from welfare to work. For example, Project Match report documented a variety of pathways that characterize the routes women take from welfare to work (Wagner, et al., 1998). These trajectories may well be a result of both the risk profiles of the women and their access to services focused on their particular problems.

For the sizeable minority of women in our sample who had none or only one barrier (most of whom were already working at least 20 hours per week), the emphasis on "work first" and job search assistance common to many state programs may meet their needs in today's robust economy.

But, for the recipients who have more of these barriers, welfare-to-work programs and services may need to be more finely targeted. Several policy and program design questions raised by these findings include whether exemptions from work or temporary exemptions should be expanded. Should the states be required to deliver needed services to help these families and to facilitate the transition off assistance? Finally, how will

professional service delivery in the communities adapt to supply the needed services to welfare recipients and the working poor?

Our results on the association between specific barriers and work suggest that improving well-being in each of the following areas could maximize the chances of large numbers of recipients moving into the labor force:

- improving access to transportation
- increasing specific types of job skills
- improving the women's health status or accommodating disability
- treating major depression

Lack of a high school degree and perceptions of workplace discrimination are also significantly associated with the probability of becoming employed, but current state programs are not designed to address these issues. Finally, reductions in drug dependence would also likely promote employment; however only a small proportion of the caseload meets these diagnostic screening criteria.

For the sizeable minority of recipients who reported two or three barriers, about 60 percent were predicted to work 20 hours or more per week. Reducing the number of barriers they face by one or two could potentially increase their employment at relatively modest costs. However, the costs of risk reduction depend on the particular combination of barriers the women have and the availability and effectiveness of the services provided.

Another sizeable group of recipients had 4 to 6 barriers, and only 40 percent of them were predicted to be employed. Here more intensive interventions are probably

required. Some recipients may need to be temporarily exempted from work while receiving counseling, schooling, health or mental health services.

Finally, a very small percentage of recipients (3 percent) reported seven or more of the 14 barriers we examined. Virtually none of these women were predicted to be employed and their multiple barriers make it unlikely than an employer will hire them or that they will be able to hold a job over the long run. Enhanced and possibly long term services will be required for them, ranging from literacy and skills training, to screening and treatment for depression, substance abuse, and domestic violence. In addition, many of these recipients may need to work in sheltered workshops or community service jobs before they can handle the demands of the workplace. We doubt that the states are adequately prepared to serve this very disadvantaged group of recipients, who may, given current trends in the caseload, become an increasing share in coming years. At this point, they appear to be candidates for the 20 percent of the caseload that can be exempted from TANF's federal time-limit.

Our findings of high prevalence of physical health problems, mental health problems, and domestic abuse in today's welfare population have implications for service delivery programs, as well as for employment. More, better, and/or more accessible health, mental health counseling, and social service programs, along with transportation services and skills enhancing opportunities, could potentially improve the quality of life for welfare families, as well as further their transition from welfare-to-work.

## Notes

1. To date, 20 states have adopted shorter time limits (National Governor's Association, 1997). However, most of these states allow extensions and exemptions to the shorter limit.

2. Given the demographic composition of this urban county, we excluded about 3 percent of the cases where the single parent was not a citizen and/or was self-identified as Hispanic. In the 1990 Census, only 2.1 percent of the population was Hispanic. For further information on the sample, see the appended sample description and survey procedures (Appendix C).

3. The work requirement for remaining in compliance with welfare rules increased to 25 hours per week in 1998.

4. The average weekly earnings for workers in the sample was $212; 39 percent worked in the service sector and 41 percent worked in wholesale or retail trade. About 21 percent of those who were working and no longer receiving cash assistance had no health insurance.

5. Other measures included in the survey were not utilized in this analysis of the first wave data, including child care arrangements. We also collected information on child behavior concerns and parenting stresses, child care use and problems, access to social support, exposure to stressful life events and material hardship, perceived personal efficacy/mastery, residential mobility, and the like. Future project papers will analyze these data.

Child care was an important barrier to employment in this sample, but our measure is confounded with the probability of working. More than two-fifths of the respondents report that in the last year, they either lost or quit a job or were unable to take a job because of problems with child care or care of other family members. Those who reported this barrier were significantly less likely to be working 20 hours per week or more at the time of the interview than those who did not have this child care problem. However, we asked the questions in such a way that only those who participated in work or training in the first place can report that child care impeded their work prospects. Thus, we do not include this barrier in the set of barriers reported in this paper. The second wave of the survey includes a less endogenous measure of child care difficulties.

6. Seven percent of the sample has a GED. We treat them as high school graduates because they are quiet similar to the high school graduates in our sample in terms of work experience, job skills and extent of work.

7. These questions were adapted from surveys conducted by Professor Lawrence Bobo, Howard University, in Los Angeles (Bobo, 1995) and by Professors James Jackson and David Williams, University of Michigan, in a Detroit Area Study.

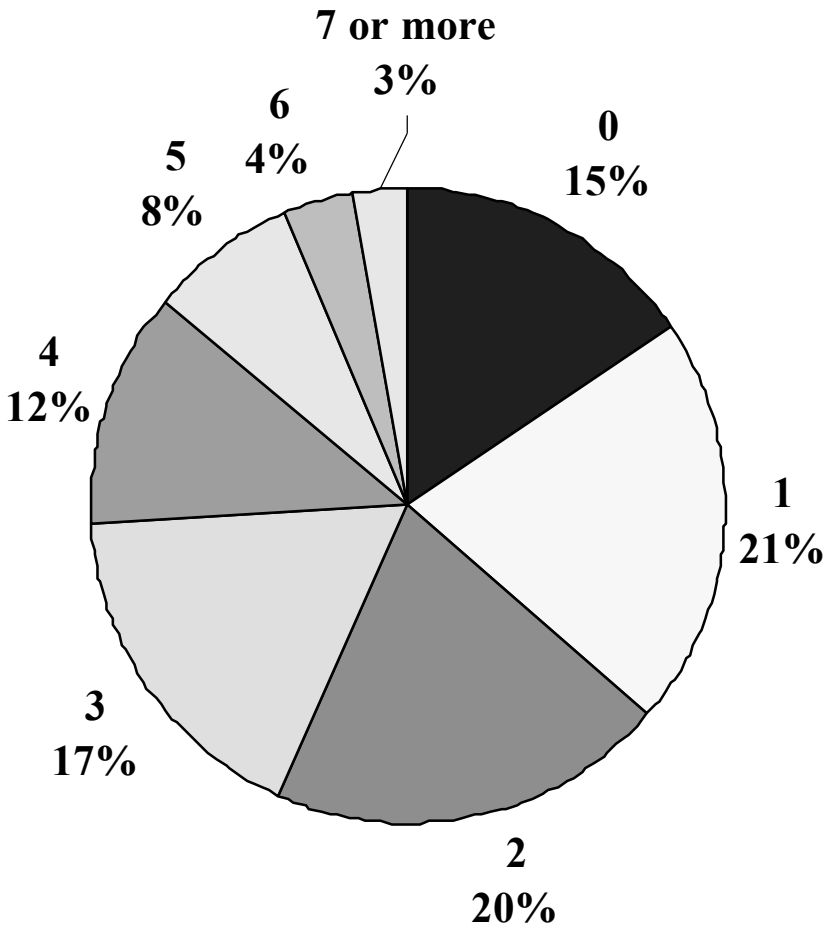
8. Drug use is more common than dependence. About one-fifth of the sample reported using an illegal substance at least once during the year prior to the survey. Most who

used any drug used marijuana. For example, 16.2 percent reported the use of marijuana/hashish in the past year, whereas only 2.5 percent used cocaine/crack.

9. The number of barriers is also correlated with continuing receipt of welfare (data not shown). Michigan's income disregard ($200 per month plus 20 percent of additional earnings) allows many women who work part-time to continue to receive cash assistance. As a result, many of those working part time are still receiving cash welfare. For example, of those with no barriers, 65 percent were still welfare recipients, compared to 83 percent of those with six or more barriers.

10. The correlation matrix for the 14 barriers reveals no correlation above .33 and very few above .20.

**Figure 1: Number of Barriers Experienced**



## TABLE 1. Sample Characteristics

| Characteristic | Percent of Respondents |
|---|---|
| Current Welfare Recipients | 72% |
| Employment Status | |
| Currently employed | 62 % |
| Working less than 20 hours per week | 4 % |
| Working 20 - 34 hours per week | 28 % |
| Working 35 or more hours | 30 % |
| Race | |
| African-American | 56 % |
| White | 44 % |
| Age | |
| 18 – 24 years | 28 % |
| 25 – 34 years | 46 % |
| 35 years or more | 26 % |
| Residence | |
| Urban census tract | 86 % |
| Rural census tract | 14 % |
| Marital Status | |
| Living with spouse or partner at time of interview | 24 % |
| Other | 76 % |
| Presence of Young Children | |
| Any 0 - 2 years | 43 % |
| Mean number of children age 0 – 2 years | .49 |
| Any 3 – 5 years | 42% |
| Mean number of children age 3 – 5 years | .51 |
| Welfare History | |
| Mean number of years since age 18 in which received AFDC/FIP | 7.3 |

Note: The sample includes 753 women who received cash welfare in February 1997 and who were interviewed between September and December 1997. Because the respondents represent a random sample of all single parent recipients in the county, no sample weights are utilized. (For further information see Appendix C).

## TABLE 2. Measures of Employment Barriers

**Education, Work Experience, Job Skills and Workplace Norms.**

1. Less than a high school education
2. Low work experience (worked in fewer than 20 percent of years since age 18)
3. Fewer than 4 job skills on a previous job (out of a possible 9)
4. Knows 5 or fewer work norms (out of a possible 9)

**Perceived Discrimination**

5. Reports 4 or more instances of prior discrimination on the basis of race, gender, or welfare status (out of a possible 16)

**Transportation Problem**

6. Does not have access to a car and/or does not have a driver's license

**Psychiatric Disorders and Substance Dependence Within Past Year**

7. Major depressive disorder
8. PTSD – Post Traumatic Stress disorder
9. Generalized anxiety disorder
10. Alcohol dependence
11. Drug dependence

**Physical Health Problems**

12. Mother's health problem (self-reported fair/poor health and age-specific physical limitation)
13. Child health problem (has a health, learning or emotional problem)

**Domestic Violence**

14. Severe abuse from a partner within past year

**TABLE 3. Prevalence of Employment Barriers**

| Barriers | % in Sample Working 20+ Hours/Week | | | |
|---|---|---|---|---|
| | % in Sample With Barrier | % Women Nationally With Barrier | With Barriers | Without Barriers |
| | (1) | (2) | (3) | (4) |
| Less than HS Education | 31.4 | 12.7 [1] | 38.7* | 66.3 |
| Low work experience | 15.4 | | 33.3* | 62.3 |
| Fewer than 4 job skills | 21.1 | | 34.2* | 64.0 |
| Knows 5 or fewer work norms | 9.1 | | 56.7 | 57.8 |
| Perceived discrimination | 13.9 | | 46.7* | 59.5 |
| Transportation problem | 47.1 | 7.6 [2] | 44.8* | 69.2 |
| Major depressive disorder | 25.4 | 12.9 [3] | 47.9* | 61.0 |
| PTSD | 14.6 | | 55.0 | 58.1 |
| Generalized anxiety disorder | 7.3 | 4.3 [3] | 54.5 | 57.9 |
| Alcohol dependence | 2.7 | 3.7 [3] | 70.0 | 57.3 |
| Drug dependence | 3.3 | 1.9 [3] | 40.0+ | 58.3 |
| Mother's health problem | 19.4 | | 39.0* | 62.2 |
| Child health problem | 22.1 | 15.7 [4] | 48.5* | 60.6 |
| Domestic violence | 14.9 | 3.2-3.4 [5] | 55.4 | 58.1 |

+ Difference between columns 3 and 4 is significant at the .10 level
* Difference between columns 3 and 4 is significant at the .05 level

[1] 1998 Current Population Survey: % of all women ages 18-54 who do not have a high school diploma or equivalent.
[2] 1990 Census: % of all women ages 18-54 who live in households with no vehicles available.
[3] 1994 National Co-morbidity Survey: % of all women ages 15-54 who meet criteria for clinical caseness on each of these disorders.
[4] 1994 National Longitudinal Survey of Youth: % of all mothers ages 29-37 with children who have one of six limitations.
[5] 1993 Commonwealth Fund Survey and 1985 National Family Violence Survey: % of all women ages 18 and over who report current severe physical abuse.

**TABLE 4. Effects of Multiple Barriers on Whether Woman Works 20 or more hours/week**

| | I | | | II | | |
|---|---|---|---|---|---|---|
| | Coefficient | Std Error | Odds Ratio | Coefficient | Std Error | Odds Ratio |
| Number of Barriers | | | | | | |
| 1 | -0.604 * | 0.297 | 0.547 | | | |
| 2 | -0.925 * | 0.294 | 0.396 | | | |
| 3 | -1.129 * | 0.305 | 0.323 | | | |
| 4 | -1.901 * | 0.331 | 0.149 | | | |
| 5 | -1.828 * | 0.367 | 0.161 | | | |
| 6 | -2.218 * | 0.461 | 0.109 | | | |
| 7 or more | -4.403 * | 1.055 | 0.012 | | | |
| Grouped Barriers | | | | | | |
| 1 | | | | -0.604 * | 0.297 | 0.547 |
| 2-3 | | | | -1.016 * | 0.270 | 0.362 |
| 4-6 | | | | -1.929 * | 0.290 | 0.145 |
| 7 or more | | | | -4.397 * | 1.055 | 0.012 |
| Demographics | | | | | | |
| Married/Cohabitates | -0.261 | 0.201 | 0.770 | -0.253 | 0.201 | 0.776 |
| African-American | -0.132 | 0.182 | 0.876 | -0.122 | 0.181 | 0.886 |
| Urban Census Tract | 0.469 + | 0.251 | 1.598 | 0.467 + | 0.251 | 1.595 |
| Age | | | | | | |
| 25-34 | 0.539 * | 0.223 | 1.714 | 0.549 * | 0.222 | 1.731 |
| 35 and over | 0.710 * | 0.312 | 2.034 | 0.725 * | 0.310 | 2.065 |
| Number of children | | | | | | |
| 0-2 years old | -0.260 + | 0.149 | 0.771 | -0.238 | 0.148 | 0.788 |
| 3-5 years old | -0.055 | 0.126 | 0.947 | -0.049 | 0.126 | 0.952 |
| Years on welfare | -0.037 + | 0.020 | 0.964 | -0.038 + | 0.020 | 0.963 |
| Constant | 1.154 | 0.367 | | 1.131 | 0.366 | |
| -2 log likelihood | | 880.4 | | | 881.8 | |
| Number of observations | | 728 | | | 728 | |

* Significant at the .05 level
+ Significant at the .10 level

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**TABLE 5. Employment Probabilities by Number of Barriers**

| Number of Barriers | Probability of Working 20+ Hours/Week* |
|---|---|
| 0 | 82.1 |
| 1 | 71.5 |
| 2 – 3 | 62.4 |
| 4 – 6 | 40.0 |
| 7 or more | 5.3 |

* Given that respondent is single, Black, lives in an urban census tract, is 25 – 34 years old, has one child age 0 - 2 years old, has no children age 3 - 5, and has received welfare for 7 years. Predicted probabilities are based on the coefficients in Model II of Table 4.

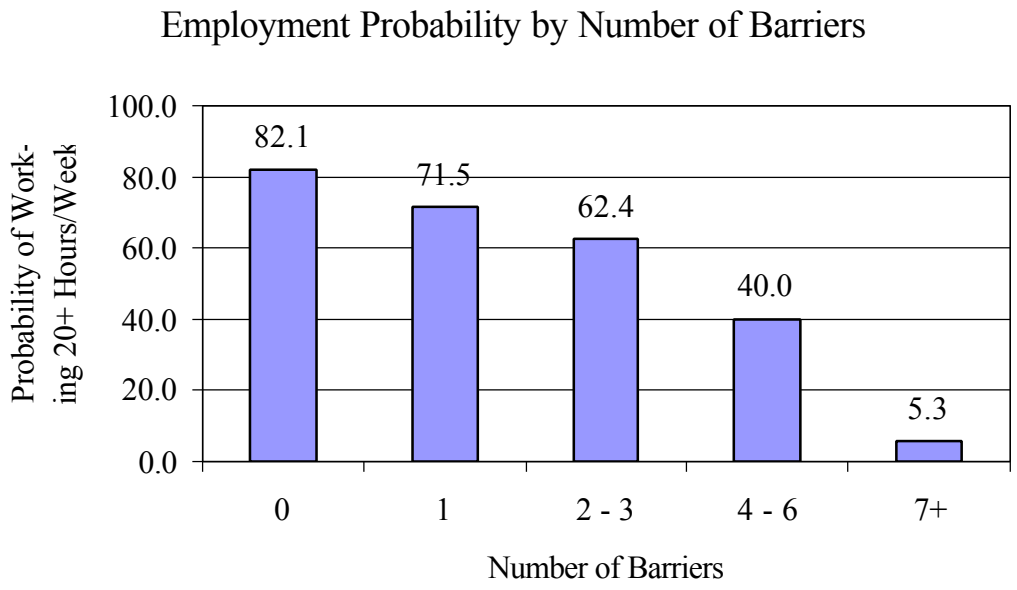


**TABLE 6. Effects of Individual Barriers on Whether Woman Works 20 or more hours/week**

| | I | | | II | | |
|---|---|---|---|---|---|---|
| | Coefficient | Std Error | Odds Ratio | Coefficient | Std Error | Odds Ratio |
| Demographics | | | | | | |
| Married/Cohabitates | -0.206 | 0.196 | 0.814 | -0.138 | 0.210 | 0.871 |
| African-American | -0.189 | 0.179 | 0.828 | -0.075 | 0.194 | 0.928 |
| Urban census tract | 0.396 | 0.247 | 1.485 | 0.540 * | 0.262 | 1.715 |
| Age 25 - 34 | 0.346 | 0.219 | 1.414 | 0.386 | 0.235 | 1.471 |
| Age 35 and over | 0.421 | 0.306 | 1.523 | 0.631 + | 0.333 | 1.879 |
| # of kids age 0 - 2 | -0.245 + | 0.144 | 0.782 | -0.290 + | 0.154 | 0.748 |
| # of kids age 3 - 5 | -0.026 | 0.123 | 0.975 | -0.040 | 0.131 | 0.961 |
| Years on welfare | -0.026 | 0.020 | 0.974 | -0.022 | 0.021 | 0.978 |
| Barriers | | | | | | |
| Less than HS Education | -0.946 * | 0.177 | 0.388 | -0.685 * | 0.196 | 0.504 |
| Low work experience | -0.912 * | 0.234 | 0.402 | -0.640 * | 0.262 | 0.528 |
| Other Barriers from WES | | | | | | |
| Fewer than 4 job skills | | | | -0.717 * | 0.228 | 0.488 |
| Knows 5 or fewer work norms | | | | -0.003 | 0.301 | 0.997 |
| Perceived discrimination | | | | -0.915 * | 0.246 | 0.400 |
| Transportation problem | | | | -0.685 * | 0.186 | 0.504 |
| Major depressive disorder | | | | -0.493 * | 0.215 | 0.611 |
| PTSD (12 months) | | | | 0.215 | 0.259 | 1.240 |
| General anxiety disorder | | | | 0.282 | 0.342 | 1.326 |
| Alcohol dependence | | | | 0.855 | 0.604 | 2.352 |
| Drug dependence | | | | -1.035 * | 0.524 | 0.355 |
| Mother's health problem | | | | -0.666 * | 0.223 | 0.514 |
| Child health problem | | | | -0.232 | 0.210 | 0.793 |
| Domestic violence | | | | 0.155 | 0.257 | 1.168 |
| Constant | 0.653 | 0.298 | | 1.107 | 0.325 | |
| -2 log likelihood | | 913.5 | | | 841.9 | |
| Cox & Snell R-squared | | 0.099 | | | 0.183 | |
| Chi-square (df) | | 75.9 (10) | | | 147.4 (22) | |
| Number of observations | | 728 | | | 728 | |

* Significant at the .05 level

+ Significant at the .10 level

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**TABLE 7. Relative Effects of Individual Barriers on Whether Woman Works 20 or more hours/week**

| Barriers | Prevalence (%) | Predicted Probability of Working 20+ Hours* | Difference in Probability With and Without Barrier |
|---|---|---|---|
| None | 15.4 | 81.9 | --- |
| Less than HS Education | 31.4 | 69.6 | 12.4 |
| Low work experience | 15.4 | 70.5 | 11.4 |
| Fewer than 4 job skills | 21.1 | 68.9 | 13.0 |
| Perceived discrimination | 13.9 | 64.5 | 17.4 |
| Transportation problem | 47.1 | 69.6 | 12.4 |
| Major depressive disorder | 25.4 | 73.5 | 8.5 |
| Drug dependence | 3.3 | 61.7 | 20.2 |
| Mother's health problem | 19.4 | 70.0 | 12.0 |

* Given that respondent is single, Black, lives in an urban census tract, is 25 - 34 years old, has one child age 0 - 2 years old, no children age 3 - 5, and has received welfare for 7 years. Predicted probabilities are based on the coefficients in Model II of Table 6.

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## APPENDIX A: Prevalence and Frequency of Barriers by Race

### Prevalence of Barriers by Race

| | Race | |
|---|---|---|
| **Selected Barriers** | **White** | **Black** |
| Less than HS Education | 30.2 | 32.3 |
| Low work experience | 15.9 | 15.0 |
| Fewer than 4 job skills | 17.2 | 24.2* |
| Knows 5 or fewer work norms | 7.9 | 10.0 |
| Perceived discrimination | 13.0 | 14.7 |
| Transportation problem | 36.0 | 55.9* |
| Major depressive disorder | 29.6 | 22.0* |
| PTSD (12 months) | 15.1 | 14.2 |
| General anxiety disorder | 6.0 | 8.3 |
| Alcohol dependence | 3.3 | 2.1 |
| Drug dependence | 3.0 | 3.6 |
| Mother's health problem | 21.5 | 17.8 |
| Child health problem | 24.2 | 20.5 |
| Domestic violence | 16.9 | 13.3 |

+ Difference between columns is significant at the .10 level
* Difference between columns is significant at the .05 level

### Frequency of Barriers by Race

| | Race | |
|---|---|---|
| **Number of Barriers** | **White** | **Black** |
| **0** | 16.9 | 14.3 |
| **1** | 22.7 | 19.2 |
| **2** | 18.1 | 21.6 |
| **3** | 17.2 | 16.7 |
| **4** | 9.5 | 13.3 |
| **5** | 8.3 | 7.8 |
| **6** | 4.9 | 3.9 |
| **7+** | 2.5 | 3.2 |

Differences between columns are not statistically significant.

## APPENDIX B: The Welfare System in Michigan, 1997

In 1997, the women in our sample received cash assistance through Michigan's TANF program, called the Family Independence Program or FIP. An applicant applies for assistance through local offices of the state-run Family Independence Agency. As part of the eligibility process, she must attend an orientation to the "Work First" program, Michigan's employment program for welfare recipients. Once an applicant attends the orientation and is otherwise eligible, she and her family begin receiving cash assistance. Compared to other states, benefit levels are fairly generous: for most of the caseload (benefits vary slightly by geographic area) a family of three with no other income receives $459 a month. Only 13 states pay more.[1] During 1997, the average monthly grant received by FIP clients was $401.[2]

In order to continue benefit receipt, clients must work part-time (defined in 1997 as 20 hours per week at a minimum wage job; increased to 25 hours a week in mid-1998) or continue their participation in the Work First program. The only recipients deferred from these requirements are mothers with newborn children less than 12 weeks of age, the disabled or those caring for a disabled family member, those over age 65 or under age 16, and heads of child-only cases (in which only the children, but not the caretakers, receive the grant). Local offices are allowed some discretion in granting temporary deferrals due to short-term problems. In 1997, approximately 20 percent of the caseload were excused from work.[3]

Otherwise, recipients who are not working must participate in a Work First program. Local Work First programs offer a variety of job search-related services, but their primary aim is to move recipients quickly into employment. Work First is overseen by the Department of Career Development and is run locally by regional Michigan Works! Agencies (MWAs) with services contracted out to local providers.

Once working, recipients may keep the first $200 and an additional 20 percent of earned income without it affecting their grants. Assuming no other income, a family of three can earn approximately $775 a month before the case closes. Recipients who work for three consecutive months and earn at least $350 a month receive cashed out Food Stamps. Over the course of 1997, the proportion of cases reporting earned income increased

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[1] Computed based on information in L.J. Gallagher, et al. (1998). "One Year after Federal Welfare Reform: A Description of State Temporary Assistance for Needy Families (TANF) Decisions as of October 1997." Washington, D.C.: The Urban Institute. This rank is not a completely accurate reflection of benefit levels, because a few states report combined TANF and Food Stamp benefits and other states (notably Wisconsin) do not provide cash benefits to all persons on the caseload.

[2] Calculations based on data reported in "To Strengthen Michigan Families, Welfare Reform Data Monitoring, Data through November and December, 1997." Michigan Family Independence Agency, January, 1998.

[3] The population from which our sample was drawn also excluded child-only and two-parent cases. We included those who were deferred, including mothers caring for young children. Our reasoning was that in the time between the sample draw and the interview (seven months at a minimum), their deferral status might have changed.

from 31 to 35 percent (with average earnings of $489), while the proportion receiving cashed out Food Stamps increased from 12.5 to just under 17 percent.[4]

Those who do not comply with the work requirements face penalties. In the early part of 1997, clients determined as non-compliant had their benefits reduced by 25 percent, followed by case closure after 12 months of non-compliance. Beginning April, 1997, the sanction policy changed, so that cases close after 4 months of non-compliance. Additionally, new applicants are not eligible for assistance beyond 60 days if they fail to cooperate with program requirements. Over the course of 1997, very few cases were closed due to sanctions: approximately 2,000 cases (out of a caseload averaging 144,764) were closed for non-compliance with employment requirements. Overall, the state experienced a caseload decline of 14 percent in 1997 (from approximately 155,560 cases in January to 133,300 cases in December).[5]

Additionally, child care and medical assistance remain available to women while they receive cash assistance and after they leave the rolls.[6] Child care is completely subsidized for cash assistance recipients who are working or participating in Work First. Working families not on the cash assistance rolls are eligible for a child care subsidy if their income falls below 85 percent of the state's median income. These families are expected to pay a portion of the cost of care. During 1997 the child care caseload grew from approximately 34,600 cases with 59,000 children in January to 48,200 cases with 85,850 children in December.[7] Medical assistance is provided to cash assistance recipients through the Medicaid program, and families who leave welfare due to increased earnings are eligible for up to 12 months of transitional Medicaid coverage. Children in low-income working families may also be eligible for coverage through MIChild, Michigan's version of the Federal Child Health Insurance Program (CHIP).

Finally, unlike many states, Michigan has not instituted any state time-limit for the receipt of cash assistance. Although the 1996 federal legislation prohibits federal funds from being utilized for families for more than 60 months, state officials have indicated a willingness to continue support for families who are complying with program requirements but reach the federal time limit (these cases will begin to appear October 2001). However, to date, no program or provisions have been designed to serve this group.

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[4] Calculations based on data reported in "To Strengthen Michigan Families, Welfare Reform Data Monitoring, Data through November and December, 1997." Michigan Family Independence Agency, January, 1998.

[5] All calculations in this paragraph are based on data reported in "Assistance Payments Statistics," Michigan Family Independence Agency, 1997 volumes.

[6] For more information on this topic see K.S. Seefeldt, et al. (1998). "Income Support and Social Services for Low-Income People in Michigan." Washington, D.C.: The Urban Institute.

[7] Data reported in "Assistance Payments Statistics," Michigan Family Independence Agency, January and December 1997 volumes.

## APPENDIX C: Sample Description and Survey Procedures

The Women's Employment Study (WES) is a simple random sample (n=753) systematically selected with equal probability from an ordered list of eligible women (n=8875). To be eligible, women had to reside in this Michigan County and receive cash assistance in February of 1997 and meet the following requirements:[1]

- single mothers with children
- US citizens
- between the ages of 18 and 54
- racial identity of white or African-American

To derive a representative sample of the metropolitan area and the population of these cases, staff at the Institute for Social Research Survey Research Center proportionally selected cases by zip code, race (white versus African-American) and age.

Our response rate of 86.2 percent is calculated by dividing the interviewed cases by the sample cases (753/874). Excluded nonsample cases (n=26) include instances in which the sample person resided outside of the sample county, no housing unit existed at the address, or the sample person was institutionalized for the duration of the data collection period.

We examined the correspondence between demographic distributions for the population and the final interviewed sample on the basis of race, age, months on welfare, number of people on case, employment codes, and monthly reported income. Based on these comparisons, the sample of interviewed women appears to be free of systematic bias. The one statistically significant difference--55.8 of interviewed sample is African-American compared to 54.1 of universe--is not substantively significant.

Once the sample was selected, letters of introduction were sent including an 800 telephone number for respondents to call to arrange an interview. Institute for Social Research interviewers from the community conducted face-to-face interviews. Interviewers were instructed to complete domestic violence and life event history sections only if complete confidentiality could be assured. The average interview time was approximately 61 minutes. The average number of contacts to complete an interview was 4; one quarter of the cases required 6 or more contacts. Respondents received $20 for completed interviews. There were no partial interviews. At the conclusion of the interview, respondents were given a resource list containing the names and telephone numbers of agencies and community organizations that offer a variety of emergency services, as well as other resources.

[1] We excluded non-citizens and other racial/ethnicity groups because both comprise a very small proportion of the population in the county.

Women's Employment Study: Wave-1
Comparisons Between Universe, Selected Sample, Interviewed Sample,
And Non-Interviewed Sample by Selected Variables

| Variable | Universe | | Total Selected Sample | | Eligible Release Sample | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Interviewed | | Not Interviewed | |
| | N | % | N | % | N | % | N | % |
| Total | 8,875 | 100.0 | 900 | 100.0 | 753 | 100.0 | 121 | 100.0 |
| | | | | | | | | |
| Race | | | | | | | | |
| Black | 4,803 | 54.1 | 483 | 53.7 | 420 | 55.8 | 52 | 43.0 |
| Non-Black | 4,072 | 45.9 | 417 | 46.3 | 333 | 44.2 | 69 | 57.0 |
| p=.0087 (group means: interviewed vs. not interviewed by race are significantly different using chi square test) | | | | | | | | |
| Age | 8,875 | | 900 | | 753 | | 121 | |
| Mean | | 29.1 | | 29.2 | | 29.3 | | 28.7 |
| Median | | 27.9 | | 28.0 | | 28.0 | | 28.0 |
| High | | 55.0 | | 54.1 | | 54.1 | | 51.2 |
| 75 Quartile | | 33.9 | | 34.1 | | 34.3 | | 32.6 |
| 25 Quartile | | 23.3 | | 23.2 | | 23.5 | | 23.0 |
| Low | | 16.2 | | 16.7 | | 17.7 | | 16.7 |
| p=.3890 (group means: interviewed vs. not interviewed by age are not significantly different using T-Test) | | | | | | | | |
| Months on Welfare | 8,681 | | 878 | | 736 | | 117 | |
| Mean | | 32.4 | | 32.0 | | 31.8 | | 35.9 |
| Median | | 17.0 | | 17.0 | | 17.0 | | 16.0 |
| High | | 297.0 | | 280.0 | | 280.0 | | 213.0 |
| 75 Quartile | | 42.0 | | 41.0 | | 42.0 | | 43.0 |
| 25 Quartile | | 6.0 | | 6.0 | | 6.0 | | 6.0 |
| Low | | 1.0 | | 1.0 | | 1.0 | | 1.0 |
| p=.3130 (group means: interviewed vs. not interviewed by months on welfare are not significantly different using T-Test) | | | | | | | | |
| # People on Case | 8,875 | | 900 | | 753 | | 121 | |
| Mean | | 4.3 | | 4.4 | | 4.4 | | 4.1 |
| Median | | 4.0 | | 4.0 | | 4.0 | | 3.0 |
| High | | 23.0 | | 25.0 | | 23.0 | | 14.0 |
| 75 Quartile | | 5.0 | | 5.0 | | 5.0 | | 5.0 |
| 25 Quartile | | 3.0 | | 3.0 | | 3.0 | | 3.0 |
| Low | | 2.0 | | 2.0 | | 2.0 | | 2.0 |
| p=.1021 (group means: interviewed vs. not interviewed by number of people on case are not significantly different using T-Test) | | | | | | | | |

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