

After Cash Assistance:

*How Sixty Women In Hamilton County,
Ohio, Are Managing Post-TANF*

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The Hamilton County Human Services Planning Committee represents a model for collaboration between the community at large and a county department of human services. The members of the committee represent the private sector, the public sector, and government. The committee meets regularly, studies policy issues, and makes recommendations to the department. There is a shared sense of responsibility for the problem of poverty in the community.

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EXECUTIVE SUMMARY

Welfare reform has resulted in a number of important changes in the services available for poor families. There are now lifetime limits on the number of months a family can receive cash assistance, known as Temporary Assistance to Needy Families (TANF). States have to ensure that at least a certain proportion of adults in families receiving TANF are engaged in work activities. These federally mandated changes in welfare policy have resulted in dramatic caseload reductions over the past few years.

The purpose of this study was to contribute to a growing body of research that examines what happens to families after they stop receiving TANF. Sixty women in Hamilton County, Ohio, were interviewed in Spring 2000. Unlike most studies concerned with what happens to women post-TANF, the study was conducted not only to document outcomes, such as whether the women are working, but also to understand why women are successful or unsuccessful, and to learn how they understand their circumstances.

The women who were interviewed closely approximate the population of women who have recently stopped receiving TANF. Eighty-two percent were African American. The mean age was 29. The average woman spent about 17 months on TANF since welfare reform was enacted in Ohio in late 1997.

The research revealed that not only do many of these women face challenges in their efforts to achieve economic self-sufficiency, the nature of their challenges varies widely. Depression was prevalent among these women, and many of them had histories that included a violent or abusive partner. However, with the exception of depression and domestic violence, the problems that many of the women faced were unique to their backgrounds and circumstances. There is no single, root problem that, if attacked, would benefit all of these women. One of the most important conclusions of this study is that these women need interventions

and services that are carefully tailored to their individual needs.

Fifty-two percent of the women have a high school diploma or equivalent. Of those who dropped out of school, only half did so because they were pregnant. Eighty percent of the women said that they would like more education, although their plans for further education were sometimes vague or unrealistic.

Forty-eight percent of the women have chronic health conditions. Eighteen percent of the 60 women have applied for disability insurance, although only 7% have already had their applications approved. A few women, whose children have serious health problems, felt frustrated at what they perceived as a lack of support from their caseworkers. Forty-four percent of the women and 61% of the children still have health insurance through Medicaid. Only 7% of the women reported substance abuse problems. Forty-three percent of the women reported that a partner had abused them, or that they were afraid of a former or current partner.

Sixty-nine percent of the women maintained their own households, where they lived with their children; 13% lived with parents or relatives, and 18% lived with partners.

Forty-eight percent of the women were working, and most of them had full-time jobs. The median wage was \$8.00 per hour. Only one employed woman in four had health insurance through her employer. Only two women had never worked. Women most often left their previous job because of their health, because it had been temporary, because the business had closed, or because of transportation problems. The greatest barriers women reported to keeping their current job or obtaining a better one were: childcare, education, transportation, health, and criminal records.

In addition to the 48% of the women who were able to support themselves with earnings, 20% received cash assistance as a result of their eligibility, or the eligibility of their children, for a

government program other than TANF (e.g., unemployment, Social Security Disability). Another 13% of the women were financially dependent upon a partner with whom they were living; 3% were dependent upon their parents. The remaining 15% of the women had no stable income, and their economic status was precarious.

With respect to both education and employment, only a small proportion of the women had detailed and realistic plans for how they wanted their lives to change over the next two years. Another important conclusion from this research is that some of these women need assistance with respect to goal setting, and that many more need assistance in planning how to achieve their goals, and in solving problems that will interfere with their efforts.

Consistent with other studies, roughly half of these women no longer receive Medicaid or food stamps. A few of the women are now ineligible for these forms of non-cash assistance because of their earnings. Other women did not know they were still eligible for these services. Some women reported that they no longer receive food stamps because they simply do not wish to go through the process of eligibility determination. This was one of several pieces of evidence that many women do not like the idea of being on welfare and do not want government handouts. They feel this way, in part, because they experience the process of eligibility determination as degrading. The Hamilton County Department of Human Services should continue striving to ensure that women have access to non-cash assistance after they stop receiving TANF. However, the results of this study also suggest that some women are choosing not to receive benefits.

This raises a question as to whether the same Human Services employees who must police eligibility for various forms of cash and non-cash assistance can elicit from their clients the levels of self-disclosure and commitment that are prerequisites for the coaching and mentoring services many of the women will need to achieve economic self-sufficiency. The Hamilton County Department of Human Services has already started to rely more heavily on contracts with community organizations to provide assessments and interventions. The results from this study – on the potential for conflict between the policing function and the helping function of the

department's employment coaches – suggest that the department's strategy is sound. The challenge will be, first, to engage these women and, second, to buttress their efforts to achieve self-sufficiency with coaching, mentoring and peer-support services that can compensate for some of their shortcomings in the areas of action planning and problem-solving.

INTRODUCTION

Background

In 1996, Congress mandated major changes in the nation's system of public assistance.¹ Aid to Dependent Children (ADC) was replaced with Temporary Assistance to Needy Families (TANF). Lifetime eligibility for federally funded cash assistance was limited to five years, although states were allowed to place even greater restrictions on the length of eligibility for cash assistance. In addition, states had to ensure that at least a certain percentage of adults on their TANF caseloads were engaged in work activities for a certain minimum number of hours each week.

Ohio enacted its welfare reform legislation in 1997, creating the Ohio Works First (OWF) program and the Prevention, Retention, and Contingency (PRC) program. Unless a hardship has been declared, OWF participants can receive TANF for no more than a total of 36 months. Ohio also chose to require even higher rates of workforce participation than the federal government. Currently, at least 45% of TANF recipients in an Ohio county must meet work activity requirements if the county department is to be in compliance with state standards.

Welfare reform has resulted in dramatic caseload reductions, both nationally and locally, but it should not be assumed that all former TANF recipients are working and prospering. While the administrative data resources of the human services system have some value in assessing the impact of reform, analyses often raise as many questions as are answered:

- Of the more than 5,000 Hamilton County residents who received TANF in the first quarter of a recent 12-month period, but not in the final quarter, fewer than half

¹ The Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

were still receiving food stamps or Medicaid.² However, it cannot be determined how many of these former TANF recipients are still eligible for these services, or why those who *are* eligible do not get health insurance or food stamps.

- Among persons on TANF for less than six months, about 10% of the recipients stop receiving assistance each month.³ For longer-term recipients, a declining percentage of the continuing cases stop each month. Nearly identical numbers describe the ability of persons to stay off TANF. In other words, for those former recipients who have not been receiving TANF for six months or less, about 10% are recertified in a given month. However, not much is known about what predicts continued time off or time on TANF.

Surveys of former recipients represent the most direct means of assessing reform. A number of studies of people who have left the rolls have been conducted, although no such studies have been conducted in Hamilton County. Reports for many of these studies are available online through the website of the Office of the Assistant Secretary for Planning and Evaluation (ASPE) of the US Department of Health and Human Services.⁴ A summary of those studies reveals that:⁵

- From 45% to 65% of former recipients were working at the time of the interview.
- Fewer recipients, a little more than a third, were working in each of the four quarters of data collection; but this result was based on only three studies, and workers might have changed jobs over the course of the year.
- There was wide variability among the studies in the percentage of former recipients who were reported to still be receiving Medicaid, with most results in the 35% to 60% range.

² *Caseload Turnover among Recipients of Temporary Assistance for Needy Families*, Monitoring Report 3, Steven R. Howe, available at www.epcubed.com/monitor.htm.

³ Analysis provided by Roger Ward, HCDHS Research and Analysis.

⁴ <http://aspe.hhs.gov/hsp/leavers99/reports.htm>.

⁵ *"Leavers" and Diversion Studies: Summary of Research on Welfare Outcomes Funded by ASPE*, aspe.hhs.gov/hsp/leavers99/ombsum.htm.

- Food stamps were being continued for 33% to 50% of former TANF recipients at the time when their cash assistance stopped.

Not only do outcomes differ across study sites (typically states), it is reasonable to assume that county-level outcomes vary even more. Thus national results and state results might be at best crude indicators of local results. Local area studies can play an invaluable role, not just in evaluating local programming, but also in helping to identify the best practices.

The Present Study

This research was conducted in order to learn about the status of persons who have stopped receiving TANF in Hamilton County, Ohio, and to begin identifying predictors of successful post-TANF adjustment.

Even among the studies on what happens to women post-TANF – and nearly all heads of households receiving cash assistance are women – too little is understood of the decision-making processes women use when they stop receiving cash assistance. Some women leave TANF to take a job, while others leave because they are no longer eligible. Some women get sanctioned; others probably leave to conserve months of eligibility. While what happens to women post-TANF is important, this study was also designed to better understand why women have the experiences they do. In-depth, semi-structured interviewing was used in order to understand and report the complexity of these women's lives.

METHODS

Sampling

Participants in this research were selected at random from among former TANF recipients who met the following criteria:

- **Female.** In January 2000, 2% of single-parent TANF payees in Hamilton County were male.⁶ A random sample of all recipients would have included too few men to be of any value in understanding

⁶ The characteristics of the caseload presented in this section are based on analyses of administrative data from the Data Mart, the major administrative database maintained by the Ohio Department of Human Services.

how men and women payees are different.

- **Payee at least 18 years old.** Only 1% of single-parent TANF payees are less than 18 years old. In order to avoid the complications associated with obtaining informed consent from minors, teenage payees were excluded.
- **Single parent Assistance Group (AG).** There are three types of payees: single parent, two parent, and child-only cases. An example of a child only case would be a household where a foster parent or other non-parental guardian has custody of a child. Child only cases are not subject to time limits, so were not of interest. Two parent AGs are relatively rare and were excluded for the same reason male payees were excluded.
- **At least six months of assistance,** though not always consecutively, since welfare reform was enacted in Ohio. About 16% of single parent TANF recipients in Hamilton County had received cash assistance for less than six months between October 1997 and January 2000. Welfare reform should have relatively few implications for women who use it intermittently for very brief periods, so they were not considered an important group to examine.
- **No TANF for 3-5 months at the time of the interview.** This length of time was chosen in the hope that it would be long enough to judge how stable women were post-TANF, but short enough to facilitate recall of information and also short enough that few of the women would have changed addresses.

Forty of the participants were women who had last received TANF in January 2000, and who were interviewed in May or early June 2000.

Most of the remaining participants were women who had last received TANF in October 1999, and who were interviewed in March and April of 2000, although a small number of interviews were conducted late in the summer of 1999.

The variability in interviewing dates and in the length of time since the last TANF payment would be problematic in a sample survey. The current study is more qualitative and more

concerned with understanding differences among the participants than in estimating population proportions, so these variations in procedure are not as problematic here.

Case Finding and Response Rate

Case finding procedures for the 40 women interviewed beginning in May were different than those used for the 20 women interviewed earlier, and the changes made in the procedures were based on things that were learned about this population.

The initial study design called for staff members of area social service agencies to make initial contact with the women and to solicit their assistance with the study. If the woman was agreeable, then an appointment was set up for her to meet one of the interviewers, at either a social service agency or some other public venue, such as a fast food restaurant. The 30% response rate obtained from these procedures proved to be unacceptably low. Three problems were identified. First, these women had very little contact with social service agencies and were not necessarily comfortable or interested in talking with staff members from agencies. Second, the fear that these women might find the prospect of an unknown interviewer coming to their home threatening was unfounded; indeed, women were suspicious that the case finders tried to avoid scheduling home interviews. Third, women often missed scheduled appointments.

In short, the initial study design assumed that since these women were welfare recipients, they should be treated differently than any competent survey researcher would treat a higher functioning, more middle-class sample of women. As a result of what was learned, case finding procedures were revamped entirely. The new procedures were as follows:⁷

- A one-page letter from the researcher was mailed to each potential participant.
- Three days later, a large packet was sent to each potential participant. This packet included a summary of the questions, a copy of the consent form, detailed

⁷ All materials are available from the author upon request. I also wish to acknowledge the helpful consultation with Claudia Coulton, of the Mandel School of Applied Social Sciences at Case Western Research University, and her staff.

instructions for how to schedule an interview, and two pages of answers to questions that participants might have (e.g., How did you get my name?).

- Three days later, the interviewers began calling potential participants to schedule interviews.
- After several unsuccessful attempts to reach the potential participants by phone, or if no phone number was available, at least two separate home visits were made.

These revamped procedures resulted in a dramatically improved response rate – 69%. Of the 18 women who could not be interviewed using the new procedures, three women refused to participate, seven women had telephones but could not be contacted during the fieldwork period, and another seven had moved.

For the combined sample, the response rate was 48%. The use of two case finding protocols is less problematic than it would have been for a sample survey, because, again, the focus is more on gaining understanding than on estimating population proportions.

Interviewing

Most interviews were conducted in the respondent's home, thus providing additional useful information to the interviewers, who could observe not merely the quality of the home, but also the characteristics of the neighborhood and the interaction of the mother with her child, or children. The other interviews were conducted in restaurants, social service agencies, or other public places such as parks.

Interviews lasted an average of about 40 minutes. Some of the women, perhaps suspicious, or perhaps merely less verbose, volunteered nothing beyond a specific response to an interview question. Other women were animated and talkative; after asking one question, the interviewer would be scrambling to record their comments and to make notes about issues that merited follow-up. The first type of interview was sometimes over in 25 minutes, but the second type often exceeded 90 minutes.

The interviews were not rigidly structured. If a woman was asked about barriers to employment and began enumerating her

chronic medical conditions, the interviewer was free to pursue those issues rather than force the women back into the specifics of employment. The interviewer would, of course, then follow-up with job-related questions later. The interviewers had the option to explore the issues that seemed most important for the woman's situation and to pass over other questions that seemed less relevant or may have seemed insensitive given earlier material.

Interviewers were usually able to cover most of the following questions with participants.

Table One: Interview Protocol

Growing Up

Where were you born?

What were your financial circumstances? Did you mother or father work? What type of work?

How many brothers and sisters did you have? How are they doing?

School

Where did you go to high school? For how long? How did you do? Did you like school?

If you did not finish, why?

Have you had any vocational education? Any other kind of adult learning?

Would you like to get more education? Do you have any concrete plans?

Jobs

For each of your last three jobs: When did you work there? What did you do? Where was the job? How did you get there? What did you earn? Were there benefits? Why did you leave?

What are some of the things that make it tough for you to find and keep work?

Have you been involved in any job programs?

Did you have any work activity through the welfare department? Was that useful?

What would you like to be doing for job? What are you doing to make that happen?

Health

Do you have any chronic medical conditions?

Any medical problems in last six months? Any problems getting care? Do you still have Medicaid?

Ever hospitalized? For what?

Any disabilities?

Alcohol and drug use and the effect on you of alcohol and drug use by others?

Other health problems (depression, domestic violence, etc.)

Your Family Now

Where and with whom have you lived since you turned 18?

How many children do you have? How old? Are they in school? How are they doing?

What friends or family members can you count on for help?

Monthly income and expenses when you were getting cash assistance? Now?

Public Assistance

At what points in your life did you receive cash assistance?

How did it help? Were there any ways it hurt?

Opinion about the welfare department? About your caseworker?

Why did you go off assistance most recently? How are things working out? Do you think you might need to go back on public assistance?

Analysis and Caveats

Most survey researchers are concerned with accurately estimating population proportions, such as the proportion of women working, the proportion still receiving Medicaid, and so on. Ideally, such studies are conducted with tightly controlled protocols, including fixed questions. Some of that rigor has been sacrificed for the sake of looking in detail at the lives of the participants and asking them how they think about the challenges that face them. What is lost and what can be gained from this difference in approach?

The reader must exercise caution when interpreting the data summaries to follow. Most of the issues that this report addresses are not as clear-cut as whether the woman is or is not currently working. When the proportion of women who are struggling with depression is reported, the data might have come from a statement volunteered about a chronic condition, a response to a question about current health conditions ("Are you sad or blue much of the time?"), or other information volunteered at some point during the course of the interview. Qualitative analysis introduces variability in the data because the researcher must code a respondent's statements and decide what they mean. When the current study reports that a certain percentage of the sample has a particular characteristic, the reader should appreciate the fact that this might differ from what would be obtained using the more

rigorous protocols associated with quantitative methodology by more than just sampling error.

On the plus side, the data presented here are richer and potentially more valuable for understanding both why these women face the circumstances they do and what kinds of programs or services might be useful. In a very real sense, the researcher gives up some of his or her control over the data and puts more of it in front of the readers, who are thus invited and able to make their own judgments about the meaning of the data, and are able to agree or disagree with the researcher's conclusions with more certainty. In order to benefit from this richness, however, the reader will have to read more narrative, think about case material that illustrates some of the arguments, and generally spend more time with the report.

Another caveat concerns the programming implications of these data. At least seven months have elapsed between the time these women last received TANF and the publication of this report, a period during which the department changed some procedures and programs. Whereas women on TANF now might be provided new case management services and new interventions, the women in this study were active with the Department of Human Services before some of these services were available. The report makes some recommendations that may seem superfluous because changes in procedures or services have already been implemented. There is probably still value in presenting the recommendations, however, if only as confirmation for decisions that have already been made. It would be unfortunate if the lag between research and reporting created the impression that the Hamilton County Department of Human Services has accomplished less than it has.

RACE, AGE AND TIME ON TANF

Table Two shows that the 60 women sampled were quite similar to the population from which they were selected, with respect to race and age, and to months on TANF since October 1997. With regard to the following table, the first column of results is for all women heads of single-parent assistance groups in January 2000 who were at least 18 years old and had been on TANF for at least six months. The next column is restricted to those women from the

first column that did not receive TANF in February 2000. Some of these women may have returned to TANF in March and April, and would have been ineligible for the sample, but it was not possible to exclude them from this analysis. The last column shows the characteristics of the 60 women interviewed.

Table Two: Selected Characteristics of TANF Caseload and Sample

	Pop. Meets Criteria	Pop. Meets Criteria and Stopped TANF	Sample
% African American	83	80	82
Age – Mean	28.1	28.3	29.3
Age – Range	18 - 61	18 - 50	19 - 51
Months on TANF Since 10/97 – Mean	17.9	16.4	16.7
Months on TANF Since 10/97 – Range	6 - 29	6 - 29	6 - 29

FAMILY BACKGROUND

Eighty-five percent of the women were natives of Cincinnati or Hamilton County. A quarter of the women had lived elsewhere for a while after living in Cincinnati, most often as a child, for reasons having to do with changes in their parents' marital situation.

Only two of the women reported never having lived with their birth mothers, and 93% lived with their biological mother continuously until leaving home. Only 40% lived with their biological father continuously until leaving home. Another 32% remembered their biological father as never having been in the home.

Seventy-two percent of the women reported their mothers worked much of the time as they were growing up, and several spoke with pride of their mothers having always been employed. Just over half the women reported that to the best of their knowledge their mothers had never received public assistance. The occupations of their mothers varied from professional to domestic service, although it was interesting to note how many women volunteered that their mothers were home health aides or Licensed Practical Nurses.

For those women whose fathers were in the home much or all of the time, 94% reported

their fathers worked all of the time, or nearly all of the time. Several owned their own businesses or worked construction. In only two cases did the women's fathers never work, and in both cases the father was disabled.

By and large, these women grew up with parents who were economically self-sufficient, although the fathers were often absent. Only a small handful remembered their mothers as always, or even usually, having been on cash assistance. But, as often argued in the remainder of the report, no overall conclusions about these 60 women can convey the breadth of their experiences.

One African American woman reported that she grew up in the projects, had always lived in the projects, and still lives in the projects.⁸

Other women reported middle-class upbringings. One African American woman said that she grew up in a solid middle-class household where she was expected to be a model girl and young woman in every way, even to the extent, then, of not being permitted to wear jeans. She said she did not even know that there were projects until she suddenly found herself with a small child, on ADC, and in need of housing at the age of 18. She said, "I never knew what poverty was. The projects taught me how to be poor."

Only three of the women were the only children in their families. When the other women were asked how their brothers and sisters were doing now, something was often said like, "OK, by and large." But there were markedly different answers as well. One African American woman has been incapacitated by her depression, which she traces to the time when all of her siblings started to be murdered or to go to jail. Some women were embarrassed because they, alone among their siblings, were on assistance. One woman lived in the most wretched housing

⁸ In reporting case examples, the woman's race was sometimes relevant, as in this example, which reflects the extent to which the Hamilton County housing market is segregated, as well as the extent to which public housing in the county is overwhelmingly African American. In other cases, the woman's race was important to report because she seemed to contradict stereotypical views of African Americans or white Appalachians. But I became concerned that I was being judgmental in deciding when and how race might be relevant. Therefore, I decided to mention the woman's race whenever I did more than merely offer a quote from her. Bear in mind that four out of every five women I interviewed was African American.

seen in this study and was subsisting with two children and a partner on his \$500 per month disability income. Rent and utilities were \$275. She received neither food stamps nor Medicaid, and like several other women, did not understand that these forms of cash assistance can be continued even when TANF ends. Her only brother is a successful small business owner with a home in the suburbs.

Ten percent of the women reported growing up in a home with an alcoholic or substance-abusing mother, father, or stepfather.

Two women, one white and one African American, reported what sounded like severe maternal abuse. One of the women was put into foster care as a result of the abuse. These reports were volunteered during the interview. Childhood abuse and neglect were not systematically investigated in this study.

Some of the women were upbeat, reported happy childhoods, and went on TANF because they were between jobs and were confident in their ability to succeed in the future. It would, therefore, be an overstatement to say that nearly all of these women have a special burden or vulnerability that helps to explain their recent reliance on TANF. However, it is no exaggeration that over half of the women interviewed came to a point in the interview where they appeared to be struggling with a burden – sometimes beginning to cry, and other times dropping their voices and looking away. These revelations were not always, nor even very often, about their childhoods. Sometimes the problem was how they did in school, or a health condition, or an addiction, or simply an inability to understand why they had made a poor decision. And it is the fact that there was no consistency in the nature of these seemingly critical experiences that makes it so important to present these individual stories, and for the reader to bear in mind that while some of the summary statistics presented in this and subsequent sections make the 60 women appear to be in good shape, it is in the variety and uniqueness of their personal traumas that we can appreciate the difficulties they will face in their battle for economic self-sufficiency.

As a final note, about halfway through the study, I started to ask women who unburdened themselves whether they had ever talked about these issues with their caseworker. Sometimes they had; current concerns involving domestic violence or current struggles with addiction

were investigated and dealt with, in most cases. But many of the confessions involved problems that these women had never discussed with any human service professional, and this was true not only of childhood traumas, but also of problems amenable to intervention and treatment, such as learning disabilities, depression, and paralyzing feelings of inadequacy. Thus, some of these women have not only special burdens, but burdens they keep closeted.

EDUCATION

According to administrative data, 52% of the women had a high school education or equivalent. Upon interview, only 38% had completed high school and an additional 16% of the sample had a GED. Thus, the administrative data agrees reasonably well with the interview data but understates the educational achievement of the average woman. An education is not merely a set of proficiencies, which is all the GED measures, but a socialization process in which important life skills accrete over the years spent in the classroom, in the hallways, in extracurricular activities, and so on.

Only 46% of those who did drop out of school dropped out because they were pregnant. Other reasons cited for dropping out included:

"I had a hard time learning" – a powerful understatement from a white Appalachian woman with such severe learning disabilities that she cannot read bedtime stories to her pre-school children.

"I got married at 16."

"I quit for a job" or, another, "I needed to work."

"I didn't do real good in school, plus I didn't get along with my dad."

"Mom died, and I lost interest."

"I never went."

"I didn't quit; I was kicked out."

"You know... I thought I was grown up."

"I was more developed, and the boys made fun of me" - an African American woman who dropped out of school in seventh grade and has ever since been physically handicapped by the enormous size of her breasts, and whose life's trajectory might have been markedly improved with breast reduction surgery.

"I was the oldest child, and after my mom had to start working, I had to stay home to take care of the little

kids."

"I didn't like school," or "I hated school."

"I got upset and didn't go" – a woman reported that she had a problem transferring credits from one school system to another, and, rather than repeat several classes, dropped out.

And, finally, there were the women who shrugged their shoulders, or shook their heads, or otherwise indicated that they themselves hardly understood their reasons.

Teenage girls who are pregnant can be kept in school, if they wish and if the accommodations are available. In the above cases – where the women had learning disabilities, or depression, or pressing economic needs, or special psychological or physical needs – interventions would have been difficult, but in any case were rarely, if ever, tried.

Adult Learning

Eighty-two percent of the 60 women reported that they have been involved in some form of adult learning since high school. Because a woman could have been involved in several educational efforts, the following percentages add to more than 82%.

- Forty-nine percent of the women had started a GED program (thus only 13% of the women had no high school diploma and had made no effort to get a GED). Only ten of the 29 women who had been in a GED program completed it successfully. While a few of these women gave the impression of being toward the low range of normal intelligence, other women found it difficult to complete the program because of competing demands on their time or for a lack of motivation.
- Twenty percent of the women had been in a traditional college program. However, only one woman had earned an associate's degree and only one had earned her bachelor's degree. The remaining ten women had stopped for reasons ranging from economic necessity to confusion over personal goals. All of these women seemed capable of earning at least an associate's degree.
- Twenty-eight percent of the women had been to vocational schools such as business colleges or trade schools, but only a handful had completed their

training.

- Fifteen percent of the women had started vocational programs that lead to a certificate (e.g., home health aide, cosmetology, etc.). Unlike the other types of adult learning, the completion rate for these women was higher, and some of the respondents were currently involved in such programs, but less than half of all the women who had started such programs had finished them.

Educational Aspirations

Eighty percent of the women have aspirations to obtain additional education.

- Sixty-eight percent of the women who do not have a high school diploma or equivalent aspire to complete a GED.
- Twenty-six percent aspire to do traditional college work, usually in order to earn an associate's degree.
- Fifteen percent aspire to receive certification to work in the health field (as a home health aide, LPN, or RN). These occupations were common among the mothers of the 60 women. Perhaps for this reason, these respondents often gave the impression of being clearer on their educational and vocational goals than the other women.
- Seven percent know they want more education, but have no specific goals in mind.

The data for the next argument are not without some ambiguity because they reflect not only what the women said but also what the interviewers thought about those statements. Forty-eight women want more education. Twelve of those women were able to articulate a specific, realistic plan that seemed to reflect prior consideration, but even among these women, challenges involving children, money, and time must be confronted. Eight women seemed to have some specific goal in mind but felt they had to defer working toward the goal until their children were older. Twelve women who say that they want additional education have no plan of any kind. The remaining eight women had plans that seemed vague (e.g., "I guess I'll go back to school someday"), or unrealistic.

One of the general conclusions from the previous section on family background was that many of these women have often unique and secret burdens. Here are some examples in addition to those already mentioned in this section (the severely learning disabled woman and the woman with the abnormally large breasts):

- One African American woman's recovery from substance abuse was tenuous, and she was clinging tightly to the "one day at a time" philosophy of 12 step programs. Her response to every interview question that touched on planning was, "I'll have to take it one day at a time."
- One white Appalachian woman has tried taking the GED three times, after participating in the preparation program each time, and has finally concluded, "I'm just too dumb."
- One of the very brightest of the 60 women, an African American, was offered a scholarship to an out-of-town, six-year training program that would have led to a BA and MD degree from an accredited research university. Her family volunteered to raise her infant daughter and strongly supported her going. She decided at the time not to accept the offer in order to raise her child. She has now been on TANF 23 of the 29 months since welfare reform began. She is under-employed for her talents, she failed to finish a two-year program at Southern Ohio College, and she is unable to contain her anger over her current circumstances. While that anger is most often directed at the Hamilton County Department of Human Services, and the work requirements imposed upon her, it is tempting to speculate that it is fueled by a sense that her life could have been, and should have been, very different.

Another general conclusion that can be drawn from the discussion of education, which will apply in later sections, is that many of these women are adrift, and lack a sense of purpose. Close to half of them want more education but have no plans to obtain it. Clearly, some of them are working very hard, both at their jobs and as parents, so it is easy to understand how planning would be difficult. And it is worth noting here, too, that many of these women are young and not so different from many college

freshmen and sophomores in terms of not knowing what they want out of life. But whereas a middle-class 20 year old might be swept along into a course of college study by parents, the examples of friends, and because it is financially available, these young women are swept onto TANF and into low-wage jobs by precisely the same currents that in their worlds follow different courses.

The conclusion is not that there is something wrong with these women for not having plans, but that these women probably need planning resources not generally available to them. These resources might take various forms, such as work-study programs, peer support groups, coaches, or improved assessment services. The striking number of women without plans for education was similar to the number without plans for good jobs, or career advancement, or, to a lesser extent, better living arrangements.

Exactly the same argument about the need for supporting resources can be made to explain why these women are so often unable to finish educational programs. It did not usually seem plausible to attribute their failures to lack of ability.

EMPLOYMENT

Just under half of the women (48%) were employed at the time of the interview. The median length of time at the current job was just over four months, meaning that, on average, the women began working about the time they stopped receiving TANF. However, several women had changed jobs since leaving the assistance, or had not gotten a job until after TANF stopped. Others had been working at their current job well before the cessation of cash assistance, in one case for 18 months, although that was a part-time job.

The most frequent types of jobs for these 29 women are shown in Table Three.

Hourly wages ranged from \$5.60 to \$10.86, with a median wage of \$8.00. While most worked full-time, 23% were part-time (less than 30 hours a week). Only 23% of the workers had benefits that included health insurance. Several of the women without benefits volunteered that there was a waiting period before benefits would begin; and others volunteered that they had declined to pay for benefits that required an

employee contribution.

Table Three: Current Jobs

	%
Clerical	21
Fast food	10
Home health care	10
Cashier	7
Cleaning/janitorial	7
Other	45

Previous Employment

Only two women have never worked in their lives. Previous jobs were similar to those shown in Table Three in terms of skill level and pay level (e.g., waitress, recreation leader, bagger, packager, etc.). Twenty-two percent of the 60 women had left their last job within the previous three months and 15% left their last job more than two years previously. Table Four summarizes the reasons women gave for leaving their previous job.

Table Four: Reason Left Previous Job

	%
Personal health	16
Temporary job/expired	14
Business closed/job disappeared	11
Transportation	9
Pregnant	7
Terminated/laid off	7
Better job/go to school	7
Health of family member	5
Criminal record discovered	4
Childcare	2
Other	18

The low number of women citing childcare as the reason they left their last job is puzzling, especially in light of data presented later that reveal childcare to be the most frequently cited barrier to working. A way of understanding this apparent paradox is as follows. All of these women (except the few who last worked before their first child was born) had been successful

in arranging childcare. The 2% in the table represents one woman who had so much difficulty with childcare that it cost her her job. But many of these same women might have had great difficulty in setting up their childcare arrangements or might anticipate future difficulties. Another possibility is that childcare is a problem every woman has to confront; although only some find childcare insurmountable.

These women often work in jobs where any disruption in their personal lives costs them work; especially for those who work for temp agencies, benefits such as sick days either do not exist or are honored only for infrequent, short episodes. Few of the women left their last job in order to obtain a better position.

As always, the summary statistics mask great differences among the women.

- An African American woman suffered a heart attack and, while in the hospital for treatment, a disabling stroke. She spent eight months at Drake Hospital. She now receives disability.
- Another African American woman said that she was no longer able to drive to a job in Northern Kentucky. When asked why, she explained that she had caused a traffic accident on the freeway that had resulted in a person in the other car losing her leg, and that ever since then, she has been afraid, indeed unable, to drive on the freeway. Her hand began to tremble and her voice shook as she recounted this story, suggesting that she might benefit from counseling, and she left me with the impression that her caseworker had listened to this story unsympathetically.
- Lest the individuality of the women who fall into the Other category be overlooked, one African American woman lost her job when she moved into a homeless shelter, leaving everything behind except her child. She spent about a week in an emergency shelter before moving into a transitional housing program, but that week of disruption was enough to cost her a job.

Several of the women had what seem trivial reasons for leaving their last job. As mentioned before, this type of conclusion is based not only on what was said but how it sounded to the

interviewer. One African American woman cited "medical reasons" for leaving a job, and, when asked to explain, said that she got sunburn the first time she had to work outside. Another woman complained vaguely that the job was "too stressful." Another admitted, "I could say childcare cause I did have some problems there, but there was no reason really." Some of these women are young, and a certain amount of poor decision-making about whether to keep a job is probably to be expected.

Many of the women might benefit from better support and coaching services. For most jobs, women do not need to lie about a criminal record to get hired. A woman who gets fired for hitting a customer might benefit from anger-control training. Cincinnati Works does emphasize support and counseling and has had some success in helping its members address barriers to keeping jobs (although its members also change jobs frequently).

These women do not have great, or even, sometimes, good jobs. In nearly all cases, they are probably correct in thinking that their long-term prospects in their current job are limited. The challenge these women face is to keep a job long enough that it enhances their prospects for obtaining better employment and then to find a developmentally appropriate next job. Only a few of the women had any realistic aspirations of being able to stay in place and move up into a position that would make them economically self-sufficient.

Job Programs and Work Assignments

Thirty-seven percent of the 60 women had had some experience with a job readiness or job training program, most often the now defunct program, Career Action Starts Here (CASH).⁹ Over half of the women who had been through such a program reported that the experience was positive, but only one spoke of it in life-changing terms. The remaining women either did not think that it was helpful or acknowledged that they had not wanted to be there.

Nearly all of the women interviewed had been assigned a work activity, even if only at or near the end of their most recent period of cash

⁹ CASH was a type of program known as a jobs club; the activities were intended to help women become motivated, learn job search skills, identify existing skills, and make plans to acquire new skills.

assistance. Twenty-five percent said that they were able to avoid going and went to work instead. These were typically women who were already working part-time or who merely needed the pressure of being forced to do something in order to go out and get a job. Some representative comments follow.

"I upped my hours at work and avoided having to go."

"I refused to go and went out and found a job."

"I went two days and then found work."

"Why volunteer when you can work?"

"This was all stuff I already knew, so I went and got a job."

Another 22% were unable to attend but also unable to work. Several of these women were sanctioned as a result, although not all.

- One African American woman has two teenage children who are not responsible enough to be left unattended. When they have been left alone in the past, they have acted out and created trouble and unsafe conditions not just for themselves but also for their friends. Her caseworker was reportedly unwilling to consider this safety issue an extenuating circumstance, nor did the caseworker suggest any interventions. The woman was sanctioned.
- Another African American woman had to quit her job as a cook, a job she loved, and one in which she probably had good long-term prospects, because she developed renal disease. She went onto TANF and was sent to a work activity that she was unable to attend for the same reason she was unable to continue cooking: she spends three full days a week in renal dialysis. Her caseworker initially seemed unmoved by this. The woman told a somewhat disconnected story, and it is not clear if she was sanctioned or if she was merely threatened with a sanction. Eventually, however, and with some assistance from the caseworker, she was able to get disability.
- One woman was caring for a sick mother, and another for a sick father. Both were African American. In both cases they were able to avoid sanctions after explaining their circumstances to the

caseworker.

- An African American woman has a ten-year-old son who suffers from Tourette's syndrome. According to the mother, the boy is also being treated with Haldol for paranoid schizophrenia. She reported that when unmedicated he hears voices. A symptom of Tourette's, and one which many people refuse to believe, is an uncontrolled vocalization of obscenities. While the boy has been trained in how to suppress this symptom, he is able to maintain control only by making a coughing noise that has been misinterpreted by teachers to be disrespectful. The school has not made accommodations for his medical problems, and instead views the boy as being a behavior problem. As a result, the mother has repeatedly been called to the school for conferences. She was sanctioned for not being able to attend her work activity on a regular basis but has recently had an application to resume TANF approved.

Another 22% of the women went to the work activity and found it unhelpful. Some of their comments were as follows.

"We just sat around all day so I left."

"It was depressing. I was discouraged because I couldn't get my caseworker to understand that I've been sick, not lazy. Let me tell you, I've gotten every job I ever interviewed for."

"I was assigned to go to a program I've already gone through; so no, it was not helpful."

"All you do is sit around and discuss other people's business."

"It was all stuff I already knew."

I had a sense that many of these women might have been more favorably disposed toward a program that was better suited to their needs. In other words, these women did not in general give the impression of simply being recalcitrant, although there were, of course, a few who would probably not have been happy in any program.

Thirty-one percent of the women found the work activity they were assigned to be helpful, which is not to say that it was always revelatory. Several women mentioned computer training in particular as being not just fun but necessary. Other comments about other work activities

were as follows:

"It was a good experience, I gained some self-confidence."

"I liked it, it helped me get a job."

"I went for two weeks then got job; it was helpful."

"I discovered I had talent; it turned my life around."

The last quote is from an African American woman who explained that she had an assignment at an organization within walking distance of her home. The employer recognized her talents, and after the assignment ended, she was hired full-time. She explained that her teenage children had never been told that she was on welfare. After she started working, she walked her children to her place of work and was able to show them that she had their pictures next to her computer. She shed a tear as she recounted this story.

Barriers to Employment

Women often reported multiple barriers to employment, so the results reported in the following table sum to more than 100%. (Women were asked what barriers they faced in finding work or getting a better job, so all women were asked this question.)

Table Five: Barriers to Employment

	%
Childcare	45
Education	27
Transportation	23
Personal health	20
Criminal record	20
Nothing	12
Depression	7
Lack of job skills	5
Pregnant	3
Other	10

The richness of the interview data revealed the great variability among women, even among those who cited identical problems. For example, the group of women who said a lack of education was a problem included one who was functionally illiterate and others who were

interested in completing college.

Childcare: Not all of the women who said childcare was a barrier were without childcare. Some women did lack childcare, but other women who cited it as a barrier to working said that childcare was something that had been difficult to arrange or that was difficult to maintain. As will be described later in more detail, about a third of these women lived with their parents or with a partner. Their living arrangements did not always provide a total solution to their childcare needs, but these women clearly had childcare resources that other women did not. Similarly, women who lived alone, but maintained close ties to their mothers, often reported that their mothers helped with childcare. Not surprisingly, it was the women who lived alone and were entirely dependent upon paid childcare providers who tended to report the most serious problems with childcare. Women with children age nine or older reported quite different needs than women with younger children. Some women had children with special needs; for these women, childcare was understandably difficult.

Data on experiences with childcare vouchers from the department were not collected systematically. Perhaps a quarter of these women had vouchers, and of these most reported being able to secure adequate childcare.

Transportation: With a few exceptions (like the woman who was traumatized by having caused a serious accident) transportation was a difficulty that many of the women reported being able to manage most of the time. To manage transportation successfully, a woman might have complicated arrangements for borrowing cars from relatives or taking multiple busses from home to day care to work. As with childcare, women living with relatives or partners had an advantage with respect to transportation. Women living in public housing tended to be able to manage transportation more easily than other women because the major public housing projects in Hamilton County are fairly well served in terms of bus routes. However, there were women who told stories of bus trips to childcare, and then to work, that required 90 minutes or more. And there were other women who stopped working because a temp agency assigned them to a job site in remote area in Northern Kentucky that would have required a very long trip by bus.

Women who lived in the City of Cincinnati often reported living far from work but enjoying good bus service, whereas women living in some of the suburbs reported being nearer to work, but feeling handicapped by the low density of the network of suburban bus routes.

It was a surprise that none of the women reported applying for, much less receiving, funds to help her maintain automobile transportation under the Ohio Prevention, Retention and Contingency (PRC) Program.

One conclusion to be drawn from the experiences of the women in trying to arrange transportation, and I think this applies to childcare as well, is that the women have no backup systems; there is no redundancy in their arrangements. Coupled with the fact that most of them who work have bosses with a low tolerance for unscheduled absences, the result is that transportation plans occasionally go awry and occasionally result in job loss.

Other Barriers: Twelve women have criminal records, of which nine are probably expugnable, either now or after the mandatory time has passed. Only one of the nine women knew anything about expungement.

Depression is almost certainly being under-reported as a barrier to employment. While a few women were being treated for depression, others would only acknowledge it in response to a direct question, and many of the women seemed naïve with respect to the illness, a naïveté they share with most Americans.

Employment Aspirations

There was great diversity with regard to the women's employment aspirations. A small number of women, including the woman described earlier who had suffered a stroke, argued that they could not work. A few said that they had no aspirations to any particular career. Some, but relatively few, spun out detailed and plausible explanations for how their careers would unfold.

- One African American woman, who is finishing an associate's degree program in electronics technology and interning with a company that repairs automatic teller machines, barely noticed when her TANF stopped. According to her, she lost her eligibility for TANF because of the amount of money she was scheduled to receive in child support, although she

reported that she had yet to receive any child support income. She was very focused on her preparations for her career. Her parents think she should be a stay-at-home mom. She recognizes the gender discrimination that she experiences at school and in her interning, and finds it distasteful. Nevertheless, she is intent upon pursuing her career goals.

- Another African American woman is working as a temp in a private medical facility's medical records department. She discovered that she likes this kind of work and is good at it. Her goal is to find a permanent position in a medical records department. She has a criminal record that she worries about, and did not know she could apply for expungement in another year. She had completed her GED and was halfway through an associate's degree program in medical records at Cincinnati State Technical and Community College. She knows that running such a department at a hospital might not be an achievable goal for her, but she also knows that there are dozens of smaller labs and group practices where she might some day qualify to run a department.
- A young African American woman had just quit a part-time, seasonal job for a job as a nurse's aide. She can complete this certification while earning \$10 per hour working full-time, but she has to make a two-year commitment to the agency. She hopes to parlay this experience into a successful application to an RN program at a local hospital. From her initial investigations into the availability of scholarship money and loans for the RN training, she has been encouraged that her plans are feasible.
- An African American woman in her early forties seriously injured her back about ten years ago. Her husband is quite successful; he owns a business with multiple stores and he has two homes and two cars. They have been separated since roughly the time of the accident. She has not received any child support, although her husband has contributed in ways that help the children but do not represent cash income (e.g., the boys

have a computer). His attorney has managed to drag out the custody and settlement agreements for seven years, and they still are not finalized. She has had some college coursework, but had not worked for several years. Her back hurts constantly. She did, however, recently get a job in a customer service center of a large company. It is full-time and permanent and pays reasonably well, including benefits. There is good potential to move up, and the woman feels confident that she can perform at work. She said she was reluctant to dream of a better future too much because she feels lucky to be in her present position; hoping too much might somehow ruin what she has now. In the meantime, she worries about whether she can feed her two teenage boys. Her food stamps stopped along with her cash assistance and she did not know that she might still be eligible. Her number one goal is to save \$250 because an attorney has agreed to handle her divorce if she can pay the filing fees.

Other women have dreams but are not very far along in the planning process.

- A young African American mother, six months pregnant, said she loved high school and did extremely well in math and science. Her goal is to be a lab technician at a company like Procter & Gamble, but she seemed to think that it would not be worth even thinking about planning until her new baby grows a few years older.
- Several women have had health care experience, usually as uncertified home health aides. A few know how to get a certificate and are interested but have not made any calls. Some were embarrassed at not having taken action.

One African American woman, described before as being proud to show her children the pictures she has of them at her new work space, was so excited about working, and being appreciated as a worker, that she has deferred a dream until she learns more about this world that is new to her. Her plan is to simply work for a while and assimilate all these new experiences; then she will dream, she says.

There are also women with implausible plans.

- One African American woman with some college experience has aspirations of being a broadcast journalist, which is a difficult job to win for even the best-prepared candidate. This woman is now in her early 40's. In other contexts she talked about how her career plans were ruined when she was cited for DUI several years ago. She has no work experience in broadcasting or journalism. Her dream at this point seems quixotic.
- The white Appalachian woman with a severe learning disability mentioned earlier is living a nearly cash-free existence. She lives within the narrow confines of her family and two friends in a few square blocks on Price Hill in Cincinnati. She went on TANF recently for one month when she separated temporarily from her husband, who, according to this woman, is "a drunk." He earns room for the family by doing unpaid maintenance work at an apartment complex. They live on the food stamps they receive and about \$40 per month from relatives. Her big plan for the next few months is to accumulate \$250 so she can file for bankruptcy and escape the debts she and her husband have. Her employment goal is to open a bar and grill. She admits that would require capital that she has no idea how to acquire.

Many women have only vague dreams. They would like a better job, or a permanent job, or maybe they would like to open a restaurant, or do landscaping, or work in an office. Many women in this sample have gotten their jobs through friends or relatives or temp agencies. They do not have the kind of vision of the job market that many of us take for granted. One woman worked part-time as a cleaner for hourly wages and no benefits on the midnight shift in a downtown office building. Given her background, and in comparison to many of the other women, it seemed remarkable that she wanted to go to college, perhaps to work eventually as a counselor. But her ability to imagine possibilities beyond her horizons was uncommon.

This section will not consider in detail the question of whether the successes cited above might have come about due to the actions of the department. However, in anticipation of some material to be discussed later, the most

important thing the department has done to improve the lives of the women who are doing comparatively well has probably been simply to push them a little in the direction of the world of work. Beyond that, several of the women have clearly benefited from contact with agencies whose work the department has recently started funding (e.g., the Work Resources Center, the Urban League), or others to which the department refers women (e.g., Cincinnati Works). However, virtually none of the women credited their caseworkers with having helped them with goal-setting, action planning, or problem-solving in relation to finding and keeping a job. Curiously, however, neither did these women have any expectations that they should seek or have such assistance from the Department of Human Services.

HEALTH

Forty-eight percent of the women reported chronic medical conditions. The most commonly reported conditions are shown in the following table. There was a diverse collection of other conditions mentioned only once, including the conditions of the women described earlier with heart disease and renal disease, as well as epilepsy, gout, recurrent ovarian cysts, and other ailments.

Table Six: Most Common Chronic Medical Conditions (% of all Women Reporting Each Problem)

	%
Depression	17
Asthma	12
Arthritis	10
High blood pressure	5
Diabetes	4
Anxiety disorder	3
Substance abuse	3

The details of the individual stories of these women strongly suggest that some conditions are under-reported. Many of the women who mentioned depression as a chronic condition also reported that they had been hospitalized for depression, and most of the women who mentioned substance abuse had had inpatient treatment for the problem. Other women admitted to each of these problems when asked

directly elsewhere during their interviews. For example, one African American woman in her early thirties, whose mother died at about the age she is now, finds herself preoccupied with thoughts that she may die young, too. Her affect throughout the interview was flat, and while she finally did acknowledge that she often feels sad or blue, it took her about ten seconds to digest the question before answering. She did not cite depression as a medical problem or a barrier to working, nor is she in treatment for depression, but she has no plans for any aspect of her life, not for education, not for work, not even for where and with whom she will be living six months from now. The woman suffers from depression.¹⁰

Other conditions may not have been thought of as medical problems. Two women seemed dangerously obese. Not a single woman mentioned dental problems except when prompted even though visible dental problems were not uncommon.

When women were asked if they had had any health problems other than chronic conditions in the last six months, 82% said no. Several of the women who answered affirmatively did seem to be referring to a manifestation of their chronic conditions.

Impact on Work

Seventy-three percent of the women said that their health did not impair their ability to work; an additional 7% said that they were limited in their ability to stand, lift, or move but that they were still able to work.

The woman who had suffered a stroke and the woman on dialysis were so physically impaired that their inability to work was obvious. There were other women whose chronic conditions seemed nearly as compelling and who reported that the department had consistently treated them as if they were malingering.

- One African American woman had been hospitalized for depression. Her psychiatrist at a local treatment center wants her to apply for disability. This is the woman who lost all of her siblings to

murder and jail, and the same woman with the out-of-control adolescents whom she cannot leave alone. Her mother has died. She has neither family nor friends. She is forthcoming about her depression and her struggles in treatment. Nonetheless, she was sanctioned for not attending a work assignment.

- The woman described earlier with the severe learning disability also suffers from migraines so excruciating that she has passed out. Recently, these migraines have begun to happen suddenly, with no warning. In addition, the woman might have been trying to say she has started to have seizures. She has not been under care long enough to have received a definitive diagnosis, but at least she is now being seen by the Neurology Clinic at University Hospital. Her medical and psychological problems were not addressed by any of her caseworkers. However, several of her recent spells on TANF have been brief, most recently a single month.

Several women reported that they found the department unresponsive to the needs of their family when a child had a chronic health condition. The woman whose son has Tourette's syndrome has already been mentioned. Another woman has multiple health conditions of her own, including high blood pressure and asthma. She is the guardian of four nieces and nephews, all of whom receive Supplemental Security Income (SSI) as a consequence of having been born with fetal alcohol syndrome or as crack babies. One of these children violated curfew, which means that the woman now has a criminal record. Another, age 14, has been identified as a sexual predator and must be kept on the equivalent of house arrest (i.e., he can only leave home for school or in the company of an adult). The woman reported having been sanctioned for failing to attend a work assignment.

Problems Obtaining Medical Care

Twenty-nine percent of the women reported having had problems obtaining medical care within the past six months. Even women with no medical problems may have needed to see a physician (for birth control, for example). The most common difficulty, here, involved lack of

¹⁰ I am not a clinical psychologist. I believe conclusions of this sort represent reasonable interpretations of interview material, but they are not meant to imply that clinical assessments were performed, or that I am qualified to perform such assessments.

health insurance, followed by not knowing a medical provider who would accept Medicaid.

This figure of 29% is surely too low as an estimate of the extent of unmet needs. Halfway through the study I realized that no women had mentioned dental problems, which led me to ask specifically about them in some of the interviews. Only a few women reported that they and their children have had routine dental exams, let alone treatment. When asked, they said something like, "Oh yeah, I've had some tooth pain," or "Well, it's been three years since I've had a checkup."

Mental health problems, especially depression, also went unreported. Twelve percent of the sample has been hospitalized for depression. But when asked about specific symptoms or treatments, 23% acknowledged they have been given medication for a nervous or emotional problem at some point in their lives. Twenty percent reported that they sometimes find it difficult to leave their homes, 44% reported that they often find themselves thinking about bad things that have happened to them, and 41% reported that they feel sad or blue much of the time. Depression is insidious because it often lurks beneath the threshold of self-awareness.

Women who are active with health clinics operated by the City of Cincinnati usually reported no problems of any kind in obtaining care, including dental and vision care.

It was interesting that a number of women were still seeing the family physicians they saw when they were adolescents. These women usually demonstrated in a number of ways that they had experienced a smoother transition from adolescence to young adulthood than the other women interviewed. A few young women, for example, gave me the impression that they did not know how their medical bills were paid, suggesting that their parents have not relinquished responsibility for health care.

Two women who needed pain medicine reported that they felt they were treated like drug addicts for trying to have their prescriptions filled with a Medicaid card.

Women who have been sanctioned or women whose children are not covered by the Children's Health Insurance Program (CHIP, a form of Medicaid) reported that a large proportion of their disposable income goes to pay for prescription drugs. These women often have to cut back on their dosages in order to

make the medicine last.

Two women are straddled with tens of thousands of dollars of medical bills that they cannot pay. Interviewing circumstances precluded obtaining a clear explanation of the origin of these bills. However, the two women seemed to suggest that the problems predated their time on TANF, which would mean that the problems were not due to problems in maintaining Medicaid coverage once on TANF.

One woman's health problems were due to a work injury. She had applied for and received Worker's Compensation, however.

A total of 11 women had applied for disability for themselves, four had been approved, one had her case in redetermination and another had a pending application.

Nine women had applied for disability on behalf of their children; five of these cases had been approved and one was pending.

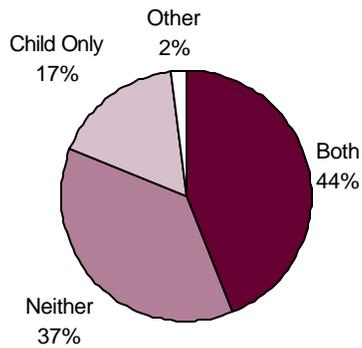
A small number of women had such vague or trivial health complaints that it was tempting to view them as malingering. But there were also women who had decided to try to work even though they had been encouraged to apply for disability, sometimes by their employment coaches, other times by physicians. One woman works in a fast food restaurant. Her medical ailments have eased somewhat over the past year, and she is now able to work. She reported, "I sweep the floor [at work], and I always say, 'Thank you, Jesus'."

Medicaid Coverage

As shown in Figure One, in less than half the cases were the mothers and their children both covered by Medicaid. The "Other" category represents one woman who reported that she had applied for Medicaid and did not know the status of her application.

The following percentages are only for the women who do not have Medicaid. Thirty-five percent reported that Medicaid ended when TANF did, and most of these women did not know they were probably still eligible. Another 19% lost Medicaid when they were sanctioned; 12% were told they were income ineligible, while 8% each were covered by health insurance at work, or missed redetermination hearings, or thought Medicaid was too much trouble, or were not sure why they were without coverage.

Fig. 1: Medicaid Coverage for Mothers and Their Children



In other words:

- A little more than a third of the women without Medicaid have alternative insurance, are income ineligible, or do not want it.
- A little more than a fourth are under a sanction¹¹ or failed to comply with a redetermination requirement (in one case because she was with her son in the hospital).
- A little more than a third reported never being informed that Medicaid could be continued after TANF stopped.

Substance Abuse

Two women, both African American, are currently struggling with recovery from substance abuse. Each has been a resident of an in-patient center within the past year. One woman has already been described as hanging on tenuously to the 12-step program philosophy of "one day at a time." She gave the impression of being on the verge of relapse. Another woman has struggled with crack. She was last an in-patient in late 1999. Her addiction has cost her custody of her minor children, one to the father and one to foster care. She credits Children's Services for having saved her life by forcing the issue of treatment; losing her child was the decisive factor in helping her realize she had to regain her life. She was five months into recovery at the time of the interview and

¹¹ Women who are sanctioned should not lose their Medicaid until they have been sanctioned for a third time. Their children should never lose coverage. I did not ask how often the woman had been sanctioned.

seemed to have an outlook and some coping resources conducive to a successful, long-term recovery. An important motivator for her is the hope of regaining custody of her child in foster care.

Twenty-eight percent of the women reported that alcohol or drug use by themselves or someone in their lives has affected them. For 10% of the women, "someone" was a parent or close relative during their childhood. For most of the remaining women, it was a former or, rarely, current partner.

Sixteen percent of the women admitted that they had at some point thought about stopping or cutting back on the amount of drugs or alcohol they used. Sometimes this was a decision to cease very light or moderate drinking during pregnancy. However, a 51-year-old African American woman did admit to having been a "drug addict" many years ago, although she said that she had been clean for many years.

In addition to the two women with addictions, there was a third woman (who has been described as being on dialysis) who attributed her kidney problems to extremely heavy drinking, although she denied being an alcoholic and reported being able to stop drinking easily once she understood the relationship to her illness.

Another woman, African American, is probably in trouble at least in part because of her drinking and drug use. She presented herself as in control of her life, better off without welfare, living in a nice home, and doing fine. It took a long time for her façade to become apparent. She is not employed and she lost her last job because she hit a customer during an argument at a service desk. At one point in the interview she volunteered, "Yeah, I like to go out and party." There were some efforts to be sly and knowing, with acknowledgements of "smoke" and perhaps a non-verbal agreement to cocaine. She has no income. She lives with a woman who earns "a lot" as a stripper. It is this friend who pays all the bills, and the woman interviewed has been drawn into her friend's world of clubs and late hours. Hints were made to a sexual relationship between the women. It began to feel to me as if the relationship were one-sided, and that the woman I was interviewing was not invested in the sexual side of the relationship. I finally said, "You know, it almost feels like you're being exploited." Her

eyes welled up, but nothing was said.

Fifty-three percent of the women claimed to abstain from alcohol and drugs. With the exception of the four women whose stories have been told above, all of the other women reported alcohol use that falls comfortably within the range of moderate drinking (defined here as at least occasional non-drinking days and no binges of four or more drinks at a time). However, as the case study just presented illustrates, people with drinking and substance abuse problems do not always identify themselves as such.

No woman presented herself as being unable to obtain needed services for problems with drugs and alcohol.

Domestic Violence

Forty-three percent of the 60 women said that someone with whom they had been in a relationship had hurt them or threatened to hurt them. It was something of a relief to hear so many of the women who acknowledged this abuse go on to say that the abusive relationship was over quickly. For example, one woman said, "Yeah, I had a boyfriend; he hit me one time, and I was gone. They do that once, they'll do it again." Nevertheless, 20% of the 60 women also said that they were currently afraid of a former or current partner.

- One woman's husband, from whom she is separated, sounds constantly enraged and out of control. He has been engaged in complex and time-consuming efforts to alienate the woman's children from her, and in one case, where a child chose to side with the mother, the father abducted the child (Children's Services was involved in this case). He has not physically assaulted the woman, but he has been making harassing and, more recently, threatening telephone calls. The woman, African American, desperately wants a divorce but cannot afford to pay an attorney. The man is a substance abuser whose own sisters have volunteered to support the woman's claims.
- The woman described earlier as living in squalid housing – the one who lost her job when she moved into an emergency shelter – left her home to avoid domestic violence, and still has concerns about her

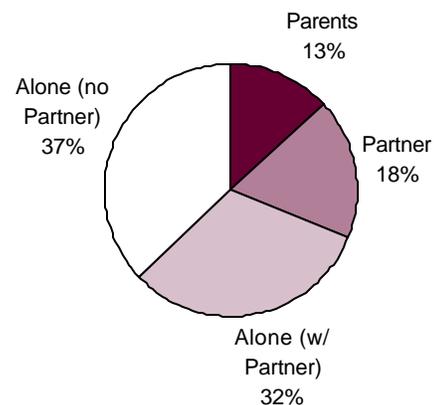
former partner finding her.

The remaining women who had some concerns about a former partner seemed curiously flat in discussing it. None of them had mentioned domestic violence at any other point in the interview until asked about it. None gave the impression that their fears were of foremost concern. One woman, and possibly a second, seemed to imply that with a current boyfriend or partner there was a feeling of security from the former. In another few cases the women seemed to imply that the threat was beginning to recede (e.g., "I haven't seen him for a few years now"). For the others, it seemed, domestic violence was simply another one of the things wrong with their lives.

LIVING ARRANGEMENTS

As shown in Figure Two, about seven in ten women lived alone. This section describes, in detail, the living arrangements of the sixty women. These arrangements sometimes enhanced and sometimes interfered with the ability of the women to achieve economic independence.

Fig. 2: Living Arrangements



Women with Relatives

Thirteen percent of the women were living with one or both parents or, in one case, a sister. These arrangements resulted in better housing than might otherwise be available, but sometimes they had drawbacks as well.

- One woman, who has been mentioned once before, is working on an associate's degree in electronics technology. She has never left home. At 22, she has to

make child support payments to a former boyfriend, who has custody of one of her children. Most of her interning income goes to pay support, so the fact that her parents do not charge her for room or board is critical. Her eligibility for TANF ended when another former partner was ordered to pay her several hundred dollars in child support each month. But that income has never materialized. When asked whom she can depend on, she said, "I depend on me." Her parents are opposed to her working. This woman was difficult to draw out. Her reticence seemed consistent with what I would describe as a bunker mentality; she feels under siege. She appeared to be as committed to achieving psychological independence from her parents as she is to achieving economic self-sufficiency, and perhaps she cannot achieve the one without the other.

- Another 22-year-old woman, African American, lives in her mother's crowded home, along with six siblings and her own two children. She had been living in an apartment with friends but moved back in with her mother when they lost the unit a year before. She has been sanctioned because she failed to report the change in rent. She worked as a packer but was laid off. She then did motel cleaning, but the manager replaced the temporary employees with full-time employees. She started a GED program but did not finish. She complained that it is hard to get a job with no education and no job skills. She said she is planning to start the GED again, but she could not say when. She said she would like to work in the "medical" field but has no training or job search plans. While she says working is better than getting welfare, she has been on and off TANF since dropping out of high school in her sophomore year. She does not seem particularly motivated to change.
- A 24-year-old white woman has been back with her parents for two years. As an adolescent, she was medicated for what she termed "rebellion." She has suffered off and on from a spastic colon and reported having been hospitalized for this condition twice within the past 18 months. She lived with a boyfriend for two

years, spent two more years shuttling between another boyfriend's home and her parents', and has been living with her parents for the past two years. Her father's business is successful enough that it employs most of the adult children (this woman is the youngest of seven siblings). She worked for her father more than once; the most recent time was just before she left home for the last time, at which point she said she had to "get out." She and her parents live in an upper middle-class suburb. She now works at an insurance agency where she earns \$10 per hour. She has no plans for the future. Although she is acutely aware of the struggle among her siblings and in-laws for future control of the family business, she feels disconnected from the plotting and positioning. At first, I imagined that she was on TANF as a means of acting out against her parents. I concluded, however, that this woman's view of herself is so abysmal that being on welfare is perfectly consistent with her self-image. I said, "Tell me something positive about yourself, something you're proud of." When she could not, I persisted, "Just one thing. Anything." She thought some more and finally said, "Let's pass."

- After drifting from job to job, relationship to relationship, and place to place for most of her adult life, a 38-year-old African American woman is now living with her mother. She is working in a grocery store as a produce clerk. She was on public assistance for most of the past 20 years. "It becomes a way of life... you get stuck," she related. "I was afraid to try." She says that her mother constantly criticizes her. Not realizing she lived with her mother when I called, I asked for "Ms. Doe," her mother took the call, and I began talking with her about participating in the study. I described the study's connection to public assistance, whereupon I received a hot-toned lecture: "I'll have you know, sir, that I have never received welfare a day in my life." Her daughter experiences her mother's disapproval on a daily basis, and feels humiliated.
- One African American woman, 31 years old, is living in a second floor apartment

in her mother's house. She lived on her own from 25 to 28 years old. She has had two one-year stretches of public assistance in her life, each following the birth of a child. She had another short stretch recently when she had to quit work to help care for her ailing father, who has since died. She has had some college training and seems eager to find and keep better work now that her children are a little older and her obligation to care for her father has been discharged. She is working and confident. Probably her biggest problem is a career that has been discontinuous because of parenting and other family responsibilities.

- Living with their parents was working much better for two other young women, one white Appalachian and one African American. Both lived in single-family detached homes that their parents or grandparents have owned for decades, both in working-class neighborhoods. The women were in social milieus where they knew their neighbors; their school friends were still parts of their lives; and the extended family provided sources of transportation and day care on which these women could rely when they worked, one woman in fast food and the other in retail. Both gave the impression that they felt fortunate to have these social supports, and that their families would help make their transition to economic self-sufficiency easier. Each woman was happily engaged; each expected to marry her boyfriend within a year or so. Both women had been on TANF for only short periods of time, and both conveyed not only a strong motivation to work and to be economically independent but also a confidence that they were on track.
- A white Appalachian woman living with her sister was in the process of being kicked out. When TANF stopped, she was no longer able to contribute any money to rent, and her sister had been threatening her for months on the basis that if she did not start to contribute, she would have to move. At 22, she had worked a total of three months for pay in her entire life, and never full-time nor for more than \$6.00 per hour. She has been

on welfare continuously since the age of 17. "I didn't mind being on welfare," she said. The one insight she gained from participating in a program at WRC – and she presented this insight as having been quite meaningful to her – was that, "It taught me I'm more than just another welfare case." She seemed at the lower end of the range of normal intelligence, and her only understanding of why she no longer received TANF was that "they cut me off."

Women Living with Partners

Eighteen percent of the women were living with their husbands, boyfriends, fiancés, or, in one case already mentioned, a woman roommate/partner. At the time of the interview, another woman (already mentioned) had an alcoholic husband who worked as a maintenance man in exchange for a rent-free unit. Women with live-in boyfriends were often reluctant to be fully forthcoming about household finances, but in several cases it was obvious that the woman was financially dependent.

- One African American woman, 37, has an associate's degree in accounting. Until three years ago, she had lived alone, supporting herself at a succession of temporary jobs, with the exception of several months of assistance when her child was born. She married at 34. She describes the relationship as positive. Her life was disrupted last summer when her husband went to jail. He was sentenced for a one-year term. With his income gone, and her between jobs, she could not keep up the rent. The health insurance had been in his name. She began working again in November, but continued taking reduced TANF benefits for a few more months, before going off voluntarily.
- A 21-year-old white Appalachian woman has had three short spells on assistance, all when she was between jobs. Most recently, she went off assistance when she got a job after a short period of unemployment. She has been involved with her boyfriend for three years, and he is the father of her children, but he has only been living with her for the past several months, since about the time she

went off TANF. He does not like the idea of welfare. While he earns, according to this woman, "good money" in construction, his income fluctuates. She is pregnant now, but they are going to try to avoid TANF. She was very appreciative of the help TANF provided, but said, "I always wondered why I got it. I should work, and I do better when I work."

- A 38-year-old African American woman spent 12 consecutive years on assistance, and then supported herself through jobs for several years before she went back on TANF when her oldest daughter became pregnant. She had been living with a man for three years, but was reluctant to discuss their relationship or his economic contributions to the household. She had worked at low-paying jobs, which she had held for sometimes as long as 30 months. But she is not employed now and apparently is dependent upon his income.
- A 26-year-old white Appalachian woman was living with her boyfriend. They had been living together for five years. She first went on TANF when she lived with another man who was abusive and who refused to work. She was also reluctant to discuss her current live-in boyfriend's contribution to the finances of the household, but they must be minimal because she went onto TANF most recently when her father, who had apparently been helping her financially, went to jail. She went off TANF when her caseworker wanted her to go to school and she refused; she told me, "I hate school." She had just lost her job in a grocery when the manager discovered her felony record. She lost an earlier job when her former boyfriend came into the restaurant and created a disturbance. The "folks at welfare used to try to help you," she said, "but now they are just trying to throw everyone into a job. They should have kept things like they were." The only documented income the household receives is an SSI check on behalf of her son, who has severe learning disabilities.
- A woman in her mid-twenties married her husband at 16 and has lived with him

ever since. She has two children; one is an infant. Her husband has recently started working, after having attended school several years to earn an associate's degree. She described a close-knit, supportive extended family with middle-class incomes, and this was demonstrated by the fact that her grandfather drove her to the interview in a new luxury car. He then waited for her. She acknowledged having received Medicaid and food stamps but denied ever receiving TANF.¹²

- A 21-year-old African American woman lives with her fiancé, who is the father of one of her children, in public housing. She was off and on assistance since the age of 15. She describes their relationship as good. Her last spell on assistance was only four months. It is not clear why she lost her benefits. She has been depressed and was hospitalized for depression for six days just a few days before the interview. She and her fiancé are living on food stamps and some cash assistance from relatives. Her fiancé does not appear to contribute financially. She has applied to go back onto TANF.
- A 40-year-old African American has been on and off assistance most of her life. She was married for 20 years to an abusive man, and they are now separated. She is probably no longer eligible for assistance because her youngest daughter is 18. She has suffered from bipolar disorder for years and was hospitalized for depression last year. Her youngest daughter is, according to this woman, "very violent" and her 21-year-old daughter also suffers from a bipolar disorder. Recently, she has been approved for disability. She has been living with her boyfriend and his 14-year-old son for three years.

¹² A few women denied receiving TANF during a month when departmental records showed that they did, in fact, receive it. Usually the discrepancies between the records and their stories were minor, and could be written off as problems of recall. In this case, however, there was a total denial of TANF, even though a second check on the records revealed that the woman had received and cashed TANF checks. While there were two cases where I almost interviewed the wrong woman, in this case, there was good evidence that I was talking with the right woman.

- The depressed woman who is haunted by the idea of dying young, as her mother did, has a partner but does not really know if the relationship is going well, or if it will last. She is, however, apparently totally dependent upon him for a place to live free of charge and for money to buy food.
- The abused woman in squalid housing is, likewise, entirely dependent on her boyfriend's disability check.

Other Women with Partners

Thirty-two percent of the women maintain their own households, but say they have boyfriends or fiancés.

- Three women, one white and two African American, were quite positive about how well these relationships were going. In each case, the man and woman seemed already to have progressed to the point where there was at least a degree of financial interdependence, so that the relationship was not just emotionally but financially fulfilling.
- Two women, both African American, one 29 and the other 31, are each contemplating marriage to or moving in with current boyfriends. Both are unemployed and both are apparently getting significant financial assistance from their partners. They describe their partners in terms of stability and economic security, but each appears to have at least some reservations about the relationship. In one case, marriage would involve a move to an adjoining county and some adjustment for the children. In the other, the woman is finally free from years of carrying the burden of caring for her sick parents, prior to which she had to care for a dying child. She may be wondering if it would a good idea to have some time where she and her teenage daughter can live together by themselves for a while without the presence of death in the home. And yet, to make the dilemmas of these women more explicit, they are without work or income, yet a reasonably secure life is an option afforded by marriage.
- There were two women who were ambivalent about their relationship with

their partner. Each was asked, "Do you have a boyfriend or partner now?" The woman in recovery from crack addiction thought for a while and said, "Well, he would probably say I do, but I'm not so sure." She was financially dependent upon him, as she was not working at the time of the interview. Another woman, the aspiring broadcast journalist, said, laughing, "Yeah, but I don't know what I'm doing with him; he's got even more bills than I do."

- The other 12 women described being in relationships that ranged in length from a few weeks to a few years. A few of the relationships were brand new, and these usually caused the woman to smile when the topic of a boyfriend came up. But except for these new relationships, the women did not present their boyfriends or partners as being very important in their lives. For example, these men were not mentioned as people the women could depend on for help, nor were these men ever mentioned at other points in the interview.

Women Living Alone and without Partners

The remaining women (37%) lived alone and were not currently involved in a relationship. Some were older, and for a variety of reasons, seemed to have little hope of, interest in, or energy for a relationship, whether because they were struggling to disentangle themselves from a previous relationship, because they were depressed, or because they felt overwhelmed with the problems of their lives. This group includes the woman with the husband who abducted a son, the woman with the injured back whose husband has her entangled in protracted divorce proceedings, the woman with all of the nieces and nephews who have profound behavior problems, the woman who appeared to be on the verge of a relapse, and the depressed woman with the teenagers who cannot be left alone. Another woman, described earlier, had suffered a stroke. Her son and daughter-in-law live with her, but she is the head of the household.

Among those women – without boyfriends – who were in their early to mid-twenties, there was often almost a defiance expressed about their lack of a partner. On the occasions where

it was possible to investigate this seeming defiance, women talked about the lack of responsible men their age, about the number of men wanting to take sexual and financial advantage of them, and about their negative experiences in relationships, in general. This is not to say that any of them had been the victims of serious abuse; while a few had had an abusive boyfriend at one time, they tended to be the women who had made it clear that they would not stand to be abused.

These women often spoke of their inner-strength emotionally as their most important positive attribute. They tended to be extremely serious when talking about responsibilities. However, during the interviews, the women sometimes referred to loneliness, or symptoms of low-level depression, or to a recognition that they were on their own in the world. For those with several children or very young children, physical exhaustion seemed common. These women raise their children without the benefit of having other responsible adults in the household; often they must depend heavily on their mothers for childcare assistance. Several said that their mothers were the only people they could count on. A few were fortunate enough to have one or two close friends living in the neighborhood, and it was probably no accident that these friends would stop by or call during the course of interview. Most of them had been working for too short a period of time for friendships at work to form, so they do not have the opportunity to discuss the stresses of home with colleagues. Neither do they have the opportunity discuss problems at work with adults at home or with boyfriends.

Housing

With few exceptions, the quality of the housing seen during interviews with these women was reasonably good; there were only a handful of units that were obviously unsanitary or overcrowded.

Fifteen percent of the women lived in conventional public housing, 30% lived in Section 8 units, 2% lived without paying rent, and the remainder (53%) lived in market rate housing. Women who lived with their parents were categorized based on their parents' housing, even though some of them did not contribute to the cost of maintaining the unit.

Many of the women wanted to move. Some women described where they wanted to move

in terms of the type of housing they wanted. Most of these dreamed of owning a home some day. Others described their dream in terms of a different type of neighborhood, where their children could safely play outside, where they would feel safe walking on the street to catch a bus at night, where people worked for a living, and where neighbors would "mind their own business." Some mothers spoke of never wanting to go outside because of concerns about safety and crime. Even more frequently, they spoke of not wanting their children to go outside.

Women who lived inside the City of Cincinnati often mentioned the problem of access to jobs, and the quality of their housing tended to be poorer. Women who lived in the suburbs tended to have nicer housing, and to be paying more for their housing, but were just as likely to report problems with transportation to work, as mentioned earlier.

EXPERIENCE WITH PUBLIC ASSISTANCE

The sample included women who had been receiving cash assistance nearly continuously their entire adult lives, but also women who had spent only a short time on cash assistance, and who started to get assistance because they were pregnant or unemployed.

Long-term, Continuous Cases

Twelve women (20% of the 60) reported that they had received cash assistance continuously from around the age of 18. These women had a mean age of 36, but with the exception of a 22 and a 24-year-old, all were at least 30 years old. When asked how public assistance helped and how it hurt, half offered no positive assessments at all. Some said that it helped to pay bills, or that the Medicaid or food stamps helped. Others said:

"It provided income and helped me go to school."

"I was able to accomplish things."

One said it was a "good thing" and another said, "I didn't mind being on it."

The negatives, when mentioned, were as follows:

"I would rather earn it myself."

"It keeps you hampered; if you tried to help yourself, they took medical away."
"It becomes a way of life... you get stuck; I was afraid to try; why take a chance?"

"I didn't have the drive to do anything."

"I felt like I was caught; you're trapped."

"It makes you not want to do anything; it sets you up to fail; you never have enough to get ahead."

"It's not enough to support three kids."

"It made me lazy."

Long-term, Intermittent Cases

Eleven women (18%) had been on and off assistance multiple times, usually because they were between jobs. They generally did not have an extended period on assistance, or at least not recently. These women also tended to be older than the average woman, with a mean age of 35. Their positive assessments – beyond simply referring to the money or to food stamps – were as follows:

"Children's Services was good."

"They had some good programs but I couldn't go."

"Reform is a good thing; it makes you get out and do something; that's good."

"You know you have something coming in."

"Helpful" and "Helps in rough times; I also liked the training."

"It gives you the emergency cash; it helped to stabilize my family."

About half of these women said there were no negatives, though others said,

"When you can't get out to do something, the pressure doesn't help."

"It's entirely negative; it's embarrassing" – this woman talked about how she does not like to use her medical card and food stamps because of the disapproval she encounters.

"Welfare doesn't cover what you're used to."

"It hurt a lot; who can sit around and wait for a check?"

"It's not better than working."

"It didn't hurt me, but others become dependent."

Unemployed Women

There were nine women (15%), with a mean

age of 28, who went onto assistance most recently because they were unemployed. This may not have been their only period of time of assistance. For example, they might have been on once before when they were pregnant. However, they did not describe themselves as always "going on and off" assistance. Their lack of dependence upon welfare is reflected in the more even tone of their comments, both positive and negative. Their positive assessments, when any were mentioned, are as follows:

"It was pretty much a positive."

"I never had any trouble."

"I could pay a few bills," also then mentioning Medicaid.

"I could pay the bills and feed the kids."

One woman said it should have been lenient enough to let her receive cash assistance until her children were all in school. Only two other negatives were reported.

"It doesn't give you a chance to earn a living; there's no incentive to get work."

"You're very limited on PA."

Pregnant Women

Seven women (12%) started to receive cash assistance when they were pregnant. Their average age was 22, and this tended to be their first experience with TANF, or if not, they had been receiving TANF when pregnant with an earlier child. They tended to be the most enthusiastically positive, as reflected in the following comments:

"I have no regrets."

"It was a relief when I had no money or job."

"It was positive."

"Dependable, it filled my need," also mentioning food stamps.

"It helped me out a lot. I just needed it for short time."

"Mostly good."

"It helped to have the cash."

The negative comments that they made suggest that they may be at low risk for long-term dependence.

"I'd rather just work."

"I'm not used to not working."
"I feel like now I can make some changes; you're on hold when you're on welfare."

"I can make more, working."

"A few people abuse it."

"I hated it."

Other Reasons for Being on Assistance

Six women (10%) were on assistance because they had become injured, ill, or were otherwise unable to work. These women tended to be similar to the unemployed women in age and outlook.

Three other women (5%) described themselves as having gone to the Department of Human Services only in order to obtain Medicaid. Two of them made comments about assistance that were among the most negative heard.

"It's a cycle of entrapment, they won't give you what you need to get off."

"It makes you lazy; they treat you like they want you to be on it."

The remaining women had a host of reasons for being on assistance, including:

- A woman lost her job because her child was sick too often.
- A woman gave up her home and lost her job in the process of escaping an abusive relationship.
- A woman's husband went to jail.
- A woman who had been dependent upon help from her father had to go on assistance when he went to jail.
- A woman could not work because she had to care for her sick father.
- A woman has been on and off assistance for years as her child support payments stop and resume.

Opinions About the Department

When asked how well the Department of Human Services was doing its job, and to give good and bad examples of that, about half of the women did not mention anything positive. Twenty-two percent of the women made relatively modest positive assessments of the department, along the lines of, "It was OK," or

"Nothing too bad." The more interesting or more positive comments made by the remaining women are as follows:

"I can't say they did a bad job; the new programs are better than it used to be."

"They did a good job making sure I had what I needed."

"They did pretty good; everything's changing."

"I didn't really feel like I was on public assistance" – this from a woman who was in an ultimately successful work assignment nearly the entire time on TANF.

"I needed help and they came through."

"Most of the people there have been on assistance, and they understand."

"They can open doors for people, and they try to help, but it's up to people to take advantage."

"They do an excellent job; they were great with me."

"They helped me. Now know what I want to do."

"They've improved a lot" (this woman mentioned specifically the drop off center for forms, which was implemented too near the end of the interviewing for very many of the women to have known about it).

"You could stay home and care for your children."

Forty-one women made negative assessments of the department. The following comments do not include the occasional complaint about botched paperwork or a defective food stamp card.

"All they [the caseworkers] say you have to do."

"I didn't like having to sign over everything."

"They don't care about families; they make you feel worse about being on welfare than you already do."

"Nasty attitude."

"They act like they want to help, but they don't. And they're too demanding about having to go there all the time."

"You have to go by their terms."

"You have to keep going down."

"I wanted job training; that should have been a must from the beginning."

"Just dealing with the whole process."

"There's a lots of confusion, lots of shuttling from person to person."

"A lot of them just treat it as a job. You can't talk to them."

"They made me feel uncomfortable. I got a cold feeling."

"Frustrating, a lot of time wasted" – mentioned by multiple women.

"Nosy." "They want to know so much, like 'When was the last time you slept with your child's father?'" – multiple women cited variations on the nosiness theme.

"Snooty -assed and stuck-up. They have no understanding or compassion. They laugh about us."

"They look down on you."

"They think they're better than you. Plus, people other than your worker know your business."

"They treated me like a child too lazy to work; to them, you either get benefits or not; they don't care about anything else."

"What they do is wrong; they belittle you, it's degrading."

"You're just a case number; they could care less."

There appears to be a fundamental inconsistency in two roles the employment coaches must fulfill. On the one hand, they are police officers. They have to pry into financial matters, relationships with men, and living arrangements. On the other hand, they are also expected, as their name suggests, to be coaches, people who get to know the strengths and weaknesses of their clients and help them develop their potential. As many of the above comments suggest, the policing function of the caseworkers probably often interferes with the coaching function.

Most women had had experience with more than one caseworker. It was fascinating to see how often a "good" caseworker was contrasted with a "bad" caseworker; one would be presented as "wonderful" or "caring," while the other was "horrible" or "rude." One interpretation of this, admittedly a bit speculative, is that, in making their comments about their caseworkers, the women were playing out their reactions to these dual functions of the department. Some of the more articulate women struggled with this duality, clearly wanting to acknowledge the courtesies that had been extended to them without wanting to pass up an opportunity to sound off about the indignities to which they had been exposed. One captured the countervailing feelings perfectly when she said about her caseworker, "She was cool; it was the rules that

sucked."

When asked what the department should do differently, relatively few women directly addressed the kinds of petty indignities to which the policing function of the department exposes them. Some said that workers need better communication skills. Others said:

"They should care more, be more interested in what I wanted to do."

"Listened and heard me out; acted like they cared."

"Understood my situation with my injury; if I could have gone to the program, I'd have a job."

"Treat people better and not take so long to process things."

"Talk with me; be more aware of what I want."

"Be more supportive and understanding."

"Don't change caseworkers so much" – mentioned by multiple women.

"Worked with me and been more understanding."

Instead, more of the suggestions related to policies or procedures relevant to their circumstances. Several women argued that there should be more focus on education and job search. Multiple women mentioned a need for more reliable childcare, better health care and better transportation. Other responses are below:

"I'd like to still have Medicaid."

"Offer choices for people to choose from."

"Child support; they don't do enough about deadbeat dads."

"They just cut you off so suddenly" – mentioned by multiple women.

"Been more helpful in me getting SSI."

"They're too easy; be stricter; tell those girls they got to go to work."

Some women have turned their lives around as a result of contact with the department, as some of the case examples presented earlier in this report illustrate. However, the overall impression these data create is that the women do not look to the department as a place to get coaching, mentoring, or career development assistance. While roughly two-thirds complain about the department and the frustrations and indignities they experience, roughly half say positive things and less than one woman in six

said that the department should be more humane, warmer, and more focused on helping them with their problems. In other words, these women have the expectation that the department will do policing and, with few exceptions, do not have the expectation that they will get goal-setting, action-planning and problem-solving assistance.

One question of no small importance is whether many of the women realize that these kinds of assistance might be of value to them. A second question, equally important, is whether the Hamilton County Department of Human Services is doing everything possible to provide and promote these kinds of assistance.

Impact of Assistance on Self-Image

When asked if public assistance had changed the way they think about themselves, and if so, how, just over half the women said that it had.

"It brings your self-esteem down; I didn't like it at all."

"It shamed me."

"I'm not proud of it."

"I felt bad, like I shouldn't need it."

"I thought I would never get off; every time I lost a job I ran to them; now I might not."

"I feel like I basically can't do it; it's all on me and I can't do it."

"Being on welfare made me want a job; I didn't want to listen to [the caseworkers'] attitudes."

"OK but wish I had a job."

"I know I can do better than this [being on assistance]."

"I've done better without it; it's better to work."

"It's good that they're getting people out and doing something."

"Welfare kinda makes you lazy."

"I feel better now that I'm off."

"Being on welfare didn't kick in for me; I had to have it while pregnant [meaning she was not on long enough for it to affect the way she thinks about herself]."

"I had to do it to take care of the kids."

"I feel better now; laying around day after day gets you tired."

"I don't like needing help, but I'm glad it's there; I'm glad they're doing reform."

"I just lost my drive and will."

"Welfare made me more responsible. I learned I didn't want to live that way; I'm more willing to work now."

"I'm always ashamed to pull out my card to pay for food."

"I feel better when I'm not on assistance."

"It made me set goals because I realized I couldn't go anywhere while on assistance."

"I didn't want to be on welfare, I wanted to work."

"I felt like I wasn't responsible."

"It hurt my pride a little."

"I don't feel good about myself when I'm on assistance; I'd rather be working."

"Now I'm going to do what I have to do [to take care of myself]."

"It made me dependent."

"I got depressed every time I got a check; I knew I could make more."

Women who said that being on assistance had not changed their self-image were more often younger, more often on assistance for the first time, and more often short-term recipients.

Just as interesting were the ways in which women acknowledged that being on assistance changed the way in which others saw them. Note that it was common for women who did not answer this question to say that nobody knew that they were on welfare; they kept it a secret.

"People look down on you and your kids."

"People avoid you; they think you're a scumbag. There's that stereotype of people on welfare doing drugs. It's a lot worse for African American women."

"They look at you like you're nobody."

"People assume you're on drugs or alcohol."

"Ignorant people might have a negative image of me."

"They think you're lazy."

"Some people might think badly."

"Probably bad."

"I hear insults sometimes."

"My stepdad can't stand welfare; he pushed me to get work."

"My daughter was angry about it... her dad throws it in her face. I get called the neighbor from hell."

Not an issue for those you care about; "Others may look down at you."

"People think you're lazy."

"People assume the worst."

"Lots of bad experiences, like guys who want nothing to do with you."

"Very negative."

"My mother was real upset."

"Neighbors think I'm uppity for not getting it now; they have to get off their butts and get going."

"I don't hide it; I'm not ashamed."

"I never thought about it; you have to do what you have to do."

"People treat you differently."

"People act like I'm a failure and [like I] have disappointed them."

"You're a stereotype; people expect you to act ghetto, stupid with no education."

"My sons didn't want anyone to know."

"Nothing bad; employers have been good because they can get a credit."

"Welfare was my job."

"They think you should have a job."

"People act like they're supporting you; they treat you bad."

"It's the first thing they want to know about."

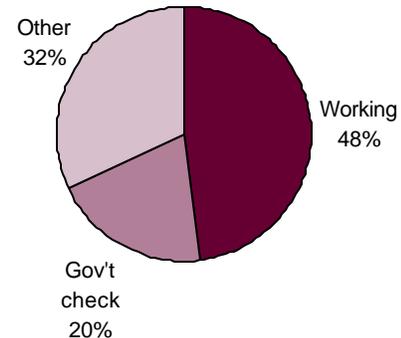
ECONOMIC STATUS

The purpose of this final set of analyses is to provide an integrated discussion of how well women are doing economically, what resources they are using to support themselves, and whether or not they think they are doing better than when they were on TANF. As shown in Figure Three, women were most often supporting themselves with earnings. Another group of women was receiving income from a government program other than TANF.

Women with Jobs

Just under half of the 60 women (48%) are currently working. Their mean age is 28 and 83% of them are African American, and in both of these respects they are no different from the sample as a whole.

Fig. 3: Primary Source of Income (N = 60)



Twenty-one of these women (72%) went off TANF because they had already started to work. Three others (10%) stopped because they simply thought it was time to work, although they did not have a job lined up when they stopped. The other women were sanctioned, moved out of the county, or were cut off when child support started.

Most of the women living with their parents were employed. A majority of the women living alone, but who had partners who did not live with them, were employed. In contrast, only one woman living with a partner was employed. Of women living alone with no boyfriend or partner, almost exactly half worked.

One way of interpreting these results is as follows:

- Living with relatives produces greater resilience, or protection against unemployment, because relatives are available who can assist with childcare and transportation.
- Women who are living alone and have partners are doing well enough economically and psychologically that they can attend to a relationship, or possibly the boyfriends of these women also promote resilience (e.g., help with babysitting).
- Women who live with partners are far less often employed than one might expect. As was shown earlier, and will be discussed in a slightly different respect again, several of the women living with partners are partly or entirely financially dependent upon them.

Not every woman was asked to compare their lives now with their lives on TANF. With three exceptions, all 22 women who were employed and asked said that they are doing better now than when they were on TANF. Judging by other comments, most of the other seven women also considered themselves better off.

Two women view themselves as doing no better and no worse than before. One woman (the angry woman who chose not to take a college scholarship) feels that the pressures of transportation and childcare are so great that the quality of her life is worse than when she was on TANF.

Two of these 29 women plan to go back on TANF in the near future; one because she needs surgery and will not get sick leave from her job, the other because she is currently pregnant and will need to be off work for a while with her new infant.

Following are brief descriptions of some of the women who are working and who have not already been described. All of these women live alone. A point of interest is how often their childcare arrangements involve reliance on relatives.

- A short, slight 19-year-old African American woman lives alone with her infant daughter in public housing. Her mother lives in the same project and handles childcare. Except for a brief stretch between two jobs, she had worked continuously for seven months. However, she only works 20 hours a week for \$6.00 per hour cleaning downtown office buildings at night. She still receives food stamps and Medicaid. The father of her child helps informally but reliably (e.g., he buys the clothes and holiday presents for the daughter). She had no boyfriend, or any friends. She distrusts her neighbors because, she says, they seem irresponsible. Her only stretch on assistance was for seven months during pregnancy and after her daughter's birth. She said she was "not proud" of having been on assistance and would rather work. She passed her GED the first time she took it and wants to go to school at Cincinnati State. She would like eventually to pursue a career in human services, perhaps as a counselor. She felt confident that she could make her future plans work, but had planned no

action on them until her 16-month-old daughter was older. She seemed a little shy and very soft-spoken. While she denied any symptoms of depression, her affect was flat, and throughout the interview, she never once seemed even about to smile.

- A 22-year-old African American woman opened the door to her downtown apartment with a huge, warm smile even though her eyes were heavy with fatigue. She had just come off a midnight shift at a grocery store in one of the City's northern-most neighborhoods, where she works 32-38 hours per week. Her one-year-old and four-year-old were both bubbly children and came to her often during the interview for refueling, which she affectionately provided. She lived with her parents until she was 20, and did not receive welfare until she was pregnant with her second child. She has several close friends but no boyfriend. In spite of her parents not liking the fact that she received cash assistance, they continue to be supportive and provide childcare for her. She is adamant about never wanting to be on welfare again and said that now she can begin making some changes in her life. She wants to go to Cincinnati State or Queen City Vocational for a home health aide certificate. While she said she was better off now than while on TANF, she wishes she still had food stamps and Medicaid.
- A white Appalachian woman, 25, looked ten years older than her age. After her mother died, this woman lost interest in school and dropped out. She has one child and cares for a nephew. She lives in the home that was owned by her mother and father, who also died. A sister lives near by and they share the care of each other's children. She has recently become engaged. Health problems have plagued her and were the causes for her being on and off welfare for six years. She has had multiple surgeries for an unusual stomach problem; she also suffers from a "weak" back. She said she is currently being treated for "anxiety and depression." She has applied unsuccessfully for disability. She was unable to attend an assigned work activity but was not sanctioned.

Eventually, her medical condition cleared up enough for her to work, and she went off TANF voluntarily. She is in the process of getting a home health aide certificate and is contractually obligated to continue to work for the company that is paying for the training for a total of two years in order to repay their investment. She considers herself better off now than when she was on TANF.

- A 26-year-old African American woman works in a fast-food restaurant. She looked consistently happy during the interview. She has two boys, three and nine year old. Her mother has provided most of the childcare, but that limits her to working less than 30 hours per week. She is close to her parents, one brother, and her boyfriend of several years. She has been living alone since moving out of her parents' home at the age of 18. After an earlier two-year stretch of receiving cash assistance, she has had a series of brief stretches, most recently two months, when she was between jobs. As soon as her younger child is in Head Start, she will be able to work full-time, assuming her mother can continue to provide some childcare assistance. The woman plans to find some computer training and try to get an "office job." She admitted to drinking three to four drinks at a time two or three times a week, but that was the only indicator of any kind of risk that was apparent during the interview. I believed she probably was as carefree and happy with life as she appeared. To make certain, I said, "Surely there are times when you lie in bed at night and can't sleep because you're worrying about something." She said, "I don't worry too much." Then she added, "I'm worry-free," and began laughing.
- A sturdily built African American woman, 28, lived with her three children in public housing. She dropped out of high school in the tenth grade when she was pregnant. At 18, her mother deserted her and left her to raise her two younger siblings. This woman gave the impression that she was still fueled by the rage she felt about her mother deserting her. During the interview, she came across as hardened and devoid of sentimentality. She claims that there is no one she can

count on. She was assigned to a work activity that she could not get to because of transportation difficulties. Threatened with sanction, she took her last TANF check and bought a car. After providing illegal cab services for a few weeks, she was able to land a job as a bus driver. When asked what the department could have done differently, she said, "I won't blame it on them. It's when you decide what to do. Then nothing will stop you." With no barriers to employment (her children are able to be trusted alone after school), she is determined to succeed and plans to without help. Her food stamps were cut off because she could not keep a redetermination hearing scheduled during one of her driving shifts. She said she was doing "about the same" as when on TANF and added that while it was nice to be working, there was still no money.

Note that this woman blamed her loss of food stamps on her inability to keep a redetermination hearing. It is worth noting that the Hamilton County Department of Human Services is not trying to reduce the number of people who receive food stamps or Medicaid. Indeed, the department recognizes how important these resources can be in helping working women be successful without needing TANF. If this woman's employment coach refused her the opportunity to reschedule a hearing that conflicted with her work schedule, the woman would have had good reason to complain. Perhaps this woman tried to reschedule, but got frustrated with leaving voice mail messages. Perhaps she did not even realize that it was possible to reschedule, and did not bother to try. The department, as committed as it may be to connecting women with needed services, probably has more work to do to ensure that communication between clients and caseworkers is as simple as possible, and to ensure that clients understand their continuing eligibility for services.

Women Getting Government Checks

Twelve women (20% of the 60) have at least some income stability because non-TANF government checks come monthly. In most of these cases, the government checks provide as much income as TANF, and sometimes more.

Two women stopped getting TANF when they

began working and have since started to collect unemployment.

- One of these two women is 38 years old, white, and went on welfare in 1984, when her daughter was born with a congenital condition that required multiple surgeries to correct. She described herself as having fallen into a state of dependency and did not work again until 1999. Because she had a good work history prior to the birth of her daughter, she was able to land a job with a youth services organization that sounded better in terms of salary and benefits than reported by any other woman interviewed. After nearly a year, the grant ended, and she began to collect unemployment. This was the second and only other case of a woman whose report of welfare benefits was substantially at variance with the administrative records. A detailed review of the administrative records revealed that this woman was listed as receiving TANF for seven months during which time the monthly payment was \$0.00, so she was not dissembling.
- A 38-year-old African American woman was living with her 14-year-old son in public housing at the time of the interview. While she had two stretches on assistance, of two years each many years ago, she reported that for the last ten or more years she has only been receiving TANF during stretches of unemployment. Judging by the number of months of eligibility she has consumed since welfare reform took effect, my belief is that she must have continued to collect reduced benefits during some of the times she was working. Her most recent job was for a temp agency, but when she was switched from Hamilton County to a new work location in Northern Kentucky that would have required more than two hours a day on busses, she quit. She feels good about her prospects for finding new work, and was actively following up leads from the Bureau of Employment Services at the time of the interview.

A third woman, an African American, 30, has two ruptured disks. She has at least two stretches of working at a job for at least two years. She was on assistance briefly around the times that two of her three children were born,

but in the past several years she has been on just twice, each time following a recurrence of her back problems. Most recently, she received TANF for a few months while waiting for her Workers' Compensation claim to be processed. She stopped getting TANF when her claim was approved. She has an SSI claim pending, which would provide on-going income. Just to be safe, she is keeping an eye out for jobs for which she might be able to apply if the claim is denied.

Four women have had their own claims for SSI approved because of medical problems, and three of their stories have already been told, including the woman on dialysis, the woman who suffered a stroke, and the woman with bipolar disorder who was in an abusive relationship for 20 years. The fourth woman is a 26-year-old African American woman living alone with her two children downtown. It was hard to get a sense of her circumstances. Her most recent job was as a pastry chef for a downtown restaurant, where she worked for over two years under conditions she described as extraordinarily stressful. She reported that she had a "nervous breakdown." The medication she reportedly takes is often used to treat panic disorders. She decided to be a foster parent to earn extra money, but after a few months, she said, "sent the child back." When asked if she had a partner, she described at length how she would never marry, her voice becoming somewhat shrill. She suffers from some mental disorder, for which she was approved for SSI, but I did not develop a sense that I understood this woman's challenge.

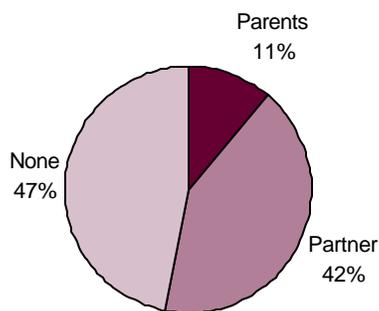
The remaining five women getting government checks receive them on behalf of children in their care. The first three of these women have already been described: the woman with the nieces and nephews who were crack babies or who suffer from fetal alcohol syndrome; the woman whose son suffers from Tourette's; and the woman with the learning disabled son and the father in jail. The fourth woman has been referred to only briefly; she is 51 years old and a former drug addict. She has an autistic son who receives SSI. The fifth woman, 39, is an African American. She has an 18-year-old son with cerebral palsy. She also described her son as having "brain damage," and said that he is "mentally six months old." All of these women considered themselves, at best, no worse off now than when on TANF. All of them have been long-term recipients of public assistance. Several of them have at least a few more years

of responsibility for children with chronic medical conditions.

The Remaining Women

The remaining 19 women (32% of the 60) were neither working nor receiving any other form of government assistance over which they had direct control. As shown in Figure Four, these women were often dependent upon parents or partners, but in many cases had no form of income at all.

Fig. 4: Support for Women Not Working and Not Getting Government Check (N = 19)



Unemployed Women Living with Parents:

Only two women of the eight living with their parents or relatives were not working. Each was described earlier. They are both 22; one is white, and one African American. One lives in the crowded home with her mother and several siblings and one is being evicted from her sister's home. Neither seemed to understand the implications of welfare reform, although the white woman's level of intellectual functioning was low enough that it would make her particularly hard to serve even if she were more motivated.

Unemployed Women Living with Partners:

All eight of these women appear to be dependent upon their partners for support. They include:

- The woman living with a female friend/partner.
- The woman married to her husband for nine years and who denies getting TANF.
- The woman living a cash-free existence with her husband who is a maintenance man.

- Five women who are living with boyfriends or partners; one is dependent on her boyfriend's disability payment, and the other four appeared to be totally dependent upon their partner's earnings.

I am sensitive to the hazards of making judgments about these women. Perhaps it would be most appropriate to view them as simply having chosen not to work outside the home for a while in order to raise their children. Nevertheless, I do have three concerns:

- I had the impression that only a few of these relationships are both economically and emotionally satisfying for the women.
- Some of these women appear to be with their partners solely due to economic necessity. The women did not say that they felt trapped, but if their partners turn out to be abusive they may find that their lack of financial resources will make it difficult for them to extricate themselves from the relationships.
- In some cases, the men are no closer to achieving economic self-sufficiency than the women.

Unemployed Women Living Alone: Nine women live alone and have no regular source of support. Three of them have been described earlier. The depressed woman with the wild teenagers will surely be back on TANF again after her sanction expires. The woman recovering from addiction to crack is dependent upon a man about whom she is ambivalent. The woman who first lost a child to illness and who then cared for her ailing parents for years is contemplating a live-in relationship with the man who is supporting her. Following are descriptions of the other six women.

- A 21-year-old African American woman was sanctioned for not attending a jobs program. She did start to work after TANF, but she lost the job when the store went out of business. She was in the process of job-hunting at the time of the interview. She is surviving on ad hoc assistance from her mother and boyfriend. She appears to be strongly motivated to work. She did not have a plan for her future beyond wanting to work in a clothing store, which was the type of job she was seeking at the time of the interview.

- Another 21-year-old African American woman has one child and is pregnant. She is a high school graduate and appears to have a remarkable ability to work or not work at a restaurant, where her mother is employed, as she chooses. She stopped getting TANF after she recovered from a knee injury. She had recently chosen not to work for a few weeks, but she plans to go back for a couple of months until about the time she is due to deliver. She was mentioned briefly early in the report as the woman with aspirations of working as a lab technician at P&G, but who was without concrete plans.
- A 23-year-old African American woman had recently moved out of the West End of Cincinnati to a northern suburb. She was sanctioned for not attending an assigned work activity, figuring that if she could attend a work activity she could work. She has not been able to work, however, because of childcare problems. This sort of questionable decision-making is reminiscent of why she did not finish high school: when she transferred from another state, they wanted her to repeat a few classes, so she dropped out. She thinks she has solved her childcare problems and is looking for work. She does not have realistic or reasonable employment goals or plans to achieve them.
- A 25-year-old white woman said that she has had 16 surgeries for recurrent ovarian cysts, three in the last six months. She has just been diagnosed with breast cancer. She has applied for disability every year since 1993, and has been denied every time. She has an application pending. She lives alone with her two-year-old daughter. She was sanctioned for not attending a work activity. She reports that she applied for TANF most recently because she was too ill to continue working, whereupon she learned that to get TANF she would have to go to a work activity.
- A 36-year-old African American woman spent 18 uninterrupted years on public assistance. She was recently threatened with a sanction when she was unable to prove that her 14-year-old son has a

behavior problem that requires her to be there for him at home. Her only evidence of the problem, however, was that he is struggling in school. She also has a four-year-old child and would have been running into the three-year limit on benefits if she did not at least try to work. She lasted one month at a job in her first attempt to work. She was fired for stealing, a charge she vigorously denied, although she did admit to having done something that could easily have been misinterpreted as theft. Her second attempt to work lasted less than a week. She quit after she had to be outside on the fifth day of employment and "got sunburn." She exists from day to day by doing odd jobs for neighbors for pay. She thought being on welfare was a "good thing" and thinks she is much worse off now.

- A 48-year-old white Appalachian woman has a variety of back problems. She has applied for disability seven times and been denied each time. There was one extended period of time, in the 1980s, when she worked as a barber, but she has been on assistance ever since. She lost TANF when her oldest daughter turned 18. She does not know from day to day how she will get the money she needs for rent and food. Her last caseworker suggested she go to the Bureau of Vocational Rehabilitation for assessment, which she did, and which is in progress.

Use of Food Stamps

Exactly half of the women still receive food stamps. Of the 30 women who do not, seven were not asked why they no longer received this form of assistance. For the women who were asked, their responses are shown in Table Seven.

The most common reason why women were no longer receiving food stamps was that their earnings or living circumstances were such that they were no longer eligible. However, the next two reasons reflect possible problems in the administration of human services. Many women reported that their food stamps simply stopped when their TANF assistance stopped. Other women reported that they chose not to comply, or simply could not comply, with the

Table Seven: Reasons Women Cited for Why They Do Not Receive Food Stamps (N = 23)

	%
Ineligible due to earnings	35
Food stamps ended when TANF ended	26
Process of redetermination inconvenient or unappealing	22
Reapplication in progress	9
Thought food stamps counted against months of TANF eligibility	3
No reason cited	3

redetermination requirements that are necessary to ensure that all persons who receive food stamps are eligible to receive them.

The Hamilton County Department of Human Services does not try to make it difficult for women to continue to receive food stamps after TANF ends. Indeed, department administrators have defended the importance of food stamps and other forms of non-cash assistance in helping working poor people achieve some measure of economic self-sufficiency.

Nevertheless, there are at least two reasons to believe that some procedural problems will require further attention before the department can claim to be doing all that it can to connect people to the resources that they need, and for which they are eligible.

- Many women reported the same experience: their food stamps (and sometimes their Medicaid coverage) simply stopped when their TANF payments stopped, and the women never understood that they might continue to be eligible for non-cash assistance.
- The department has relatively limited opportunities for women to come in for redetermination outside of the hours of 9 AM to 5 PM, Monday through Friday. These hours are inconvenient to many working women.

However, there is also good evidence that the department does not bear full responsibility for the under-utilization of food stamps. Some of the experiences reported by the women sound awful, such as one woman who could not make a redetermination hearing because she was working, or another woman because she was

with her child, who was hospitalized. But the department does offer some evening and weekend hours, albeit limited. And if there is a caseworker who would deny a woman with a hospitalized child the opportunity to reschedule a redetermination appointment, it is probable that the worker's supervisor would want to be informed of the situation.

Material already presented in earlier sections has also demonstrated that many of these women do not like the experience of being on public assistance. Clearly some are choosing not to receive food stamps, and not simply because of the perceived difficulty of obtaining the assistance, but because they do not like the way they are treated when they try to use the food stamps, or because they do not like the way they feel about themselves for needing assistance.

The problem of under-utilization of food stamps is more complex than it at first appears.

Child Support

Women reported horrible experiences with child support. Only 15 women (25%) reported that they receive it, or that they are supposed to, or even that they receive support informally. There may be some under-reporting. Women were not specifically asked, "Do you receive child support." They were always asked about "other sources" of income, and child support was often, but not always, one of the examples used. Following are either quotes or brief summaries of what the women reported.

"I get less than what was ordered."

"I'm supposed to get \$225, but I've never received any."

One woman had not gotten support for two months.

Another was owed \$4,000.

"He's trying. He just got out of jail and has lots of bills."

One woman said it just started.

One woman reported that her husband has been fighting a legal battle for years to prevent the signing of a custody agreement.

One woman has received nothing for three years.

"I got my first check for \$200 this month."

"I get \$360 per month."

"I'm supposed to get it, but it never comes."

Four women described informal child support agreements with the fathers of their children, and these seemed to work well.

Use of Social Service Agencies

Twenty-four women (40% of the sample) reported having used a social service agency within the year preceding the loss of TANF (or 3% of the women each month, on average). The most often used agencies were the Free Store/Food Bank and ACT. The latter is an agency that contracts with the department to help determine the need for, and distribute, funds that can be used to address problems such as lack of money to pay rent or utility bills.

In the period of time following the last TANF check, ten women (17%) had used an agency of any kind, most frequently the Free Store, followed by St. John's and ACT. Given that the average woman had not received assistance for four or five months at the time of the interview, it may be concluded that the rate of use was unchanged from pre-TANF to post-TANF.

The types of problems women most often needed help with were: food, diapers, rent, and utilities.

Women were often ambivalent about their experiences with these agencies, and it struck me that it was similar to the ambivalence that they expressed about the department and its caseworkers, as was discussed in a previous section. These women certainly appreciated the help they received, but there were also comments about the rudeness of the staff, the length of time they had to wait, and the seeming pettiness of the procedures. One interpretation is that they simply do not like the experience of being policed.

CONCLUSIONS

Women Have Explanations for Their Lives

Throughout this report are examples of bad things that have happened to the women with whom I talked. They were sanctioned because the caseworker did not understand something about their circumstances. They were unemployed because they did not have the right credentials. They were not able to work because of childcare. There were almost surely cases where a woman who said such things

might have been more honest if she had admitted she did not call the caseworker, or that she had not looked very hard for work, or that she would have found childcare but that it seemed too much trouble.

Social psychologists talk about the fundamental attribution error, meaning that individuals have a tendency to view their behavior as a function of the environment and forces acting on them; but to view the behavior of others as a function of personality traits. To illustrate, a parent might be 15 minutes late picking up his child from school. The parent tells himself that the problem was the traffic he encountered, whereas the schoolteacher decides that the parent was late because he had allowed himself too little time to make the trip.

I made an effort to present these women's views, but I do not think it would be wise to take the self-reports of the women as always accurate or honest. Needless to say, caseworkers might have very different views of why some of these women acted as they did.

This being said, I was impressed with how many of the women spoke honestly about themselves and their problems. And the fundamental attribution error also applies to the judgments the department makes about the women; perhaps some caseworkers should be a little less ready to attribute problems to the shortcomings of the women and a little more ready to try to understand the forces acting on the women.

These Women Are Diverse

Stereotypes of "welfare moms" persist in part because there is such diversity in this population that anyone can find an example of a woman who corresponds to his or her stereotype. But when talking about what should be done to improve the system of human services, it is important to bear in mind that there are tremendous differences among these women. Many of them have a focal problem that makes understanding them in order to help them change their lives difficult. But these focal problems come in great variety, including children with diseases that have symptoms many people cannot believe are real, parental abandonment, a diagnosis of breast cancer at the age of 25, and so on.

This diversity is perhaps best illustrated by the problem of how to measure outcome. Typically

in studies of people leaving the welfare rolls, a successful outcome is a woman who works. But what happens when a working mom says that her life is worse now than when she was on TANF? And what of a woman who is too ill to work, and has succeeded in getting disability – is that a "success?" Does a woman establishing a relationship with a man who can support her count as a success?

Depression is Prevalent

As many as 47% of the women may have been depressed, or had a history of depression. This figure includes women who reported depression as a chronic medical problem, who reported that they had felt depressed in the past six months, or who reported that they had been hospitalized for depression. It also includes women who admitted to feeling sad or blue much of the time lately.

The community mental health system is so under funded that it can barely provide services to persons with serious mental illnesses that have persisted for two years or longer (one yardstick for eligibility for service in the public mental health system).

Many of these women have Medicaid, but Medicaid (like many health insurance plans) has reasonably poor benefits for mental disorders. Even so, the women probably underestimate the extent to which depression affects their lives, and thus probably under-utilize treatment options that do exist.

Family members, friends, co-workers, pastors, and even neighbors can all play a role in helping someone cope with depression. Unfortunately, many of these women have rather sparse social networks, and more than a few of them feel nearly alone in the world.

More Detailed Assessments Are Needed

Too many of these women's problems go unrecognized or, perhaps, under appreciated, by the average employment coach. The department is in the process of rolling out a new set of services that should help to bring to bear the resources of numerous agencies in the community on the problem of making accurate assessments of these women early in their spells on TANF. This new set of services, known as Community Link, is desperately needed. Implementation of Community Link

should be nearly complete by early 2001.

One of the problems that will have to be faced is that many of the women may not be sophisticated enough to bring all of their problems to the attention of the workers, so the assessments will have to be wide-ranging. Depression is one example of a problem women may not be able to identify themselves, but there are numerous others, ranging from neuropsychological problems (e.g., learning disabilities) to the effects of environmental toxins (e.g., lead poisoning).

Making an accurate judgment of the extent to which a child's special needs impinge upon the parent's ability to work is not easy. Nevertheless, some of these women had major difficulties in complying with work requirements due to their children's health problems and behavior problems.

The department does handle some assessment activities well. Very few women complained that current problems with substance abuse or domestic violence were left unattended. Women who had scheduling constraints or work limitations because they were caring for ill parents usually felt understood.

Medicaid and Food Stamps and Other Potential Benefits Go Unused

It will come as no surprise to anyone who has been following the course of welfare reform that too many women lose Medicaid and food stamps when they go off TANF.

The department has started to attend to some of the procedural difficulties of redetermination for Medicaid and food stamps, and that is good. More could be done, especially with respect to locations where redetermination can be accomplished, and with respect to scheduled hours of operation.

However, as one department administrator has argued, it will never be possible to make redetermination easy if the federal and state governments continue to place great emphasis on tiny rates of errors in eligibility determination. Maybe as welfare reform continues to move women off the rolls, legislators and voters could be a little more tolerant of slightly higher rates of errors in benefit determination.

Few women knew about the Prevention, Contingency and Retention (PRC) program. Some of the women I talked with could have

benefited immeasurably from creative uses of PRC funds. For example, one woman would probably be able to secure child support from a financially well-to-do husband if she had \$250 to pay an attorney, who has already agreed to handle her case.

These Women Do Not Want Handouts

Mr. Col Owens of the Legal Aid Society of Cincinnati has argued that cash assistance in the form of TANF payments is worth less than all of the other forms of benefits a poor working woman might be able to access, including Medicaid, food stamps, child care vouchers, transportation vouchers, and the earned income tax credit.

Unfortunately, many women with whom I talked made it very clear that they do not want to be on welfare, that they do not like the idea of handouts, and that they see themselves as striving toward economic self-sufficiency. This not only explains the amount of support expressed for welfare reform, per se, but also helps to explain the attitudes that women expressed about social services, in general.

Above and beyond the negative consequences of long-term public assistance, which only the older recipients could have appreciated fully, there is the matter that the process of determining eligibility for welfare and related services strikes many of these women as humiliating. Once their economic circumstances improve to the point that food stamps, for example, are not a necessity, some women choose not to submit to the experience of eligibility determination. Other women recognize that they simply must continue to receive some non-cash assistance, especially Medicaid. But the closer they come to being self-sufficient, the more onerous the redetermination process feels to them.

The challenge will be to make it easier for these women to achieve what they want in the way of economic self-sufficiency by exploiting the non-cash benefits available to them. It would be helpful if some of the non-cash benefits could be made available in ways that made them seem less like welfare, or handouts. Greater buy-in from the private sector in the distribution of benefits might help.

Action Planning and Problem Solving Are Missing Links

Many of the women with whom I spoke have quite reasonable goals. Where they often seem stalled is in producing a plan to achieve these goals and then solving the problems they encounter when they implement those plans.

Women probably develop an excellent sense of what kinds of activities or resources will lead them to be disqualified for TANF, or to being even more closely examined. The result is probably that they gird themselves for dealing with their caseworkers and come to the department with the goal of saying as little as possible and getting out as quickly as possible.

Certainly there are talented caseworkers, and the department's programs have led to some great successes. However, many of the women I talked with seemed to need coaching, mentoring, re-parenting, or some other dynamic process that they do not seem to be getting in their interactions with human service professionals.

In anticipation of the increased level and complexity of services that will be needed by the women who remain on TANF, and who will come onto the rolls in the future, the Hamilton County Department of Human Services has started to contract out much of its client services work to a wide range of neighborhood-based organizations. Many of these organizations have the potential to provide this more personal and more engaging style of service. The diffusion of client services into a wider variety of smaller organizations has great potential for addressing this problem of how to engage the women.

About the Author

Steven R. Howe earned a Ph.D. in social psychology from the University of Cincinnati in 1980. His areas of specialization include evaluation, policy, and program planning.

Beginning in 1980, he worked for 13 years at the UC Institute for Policy Research (IPR), an interdisciplinary social science research organization, where he served as Director of the Southwest Ohio Regional Data Center.

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