

90
W872
1997

Women on Welfare:

What They Have to Say about Becoming Self-Sufficient

April 1997

**NEW JERSEY DEPARTMENT
of Human Services
Office of Policy & Planning**

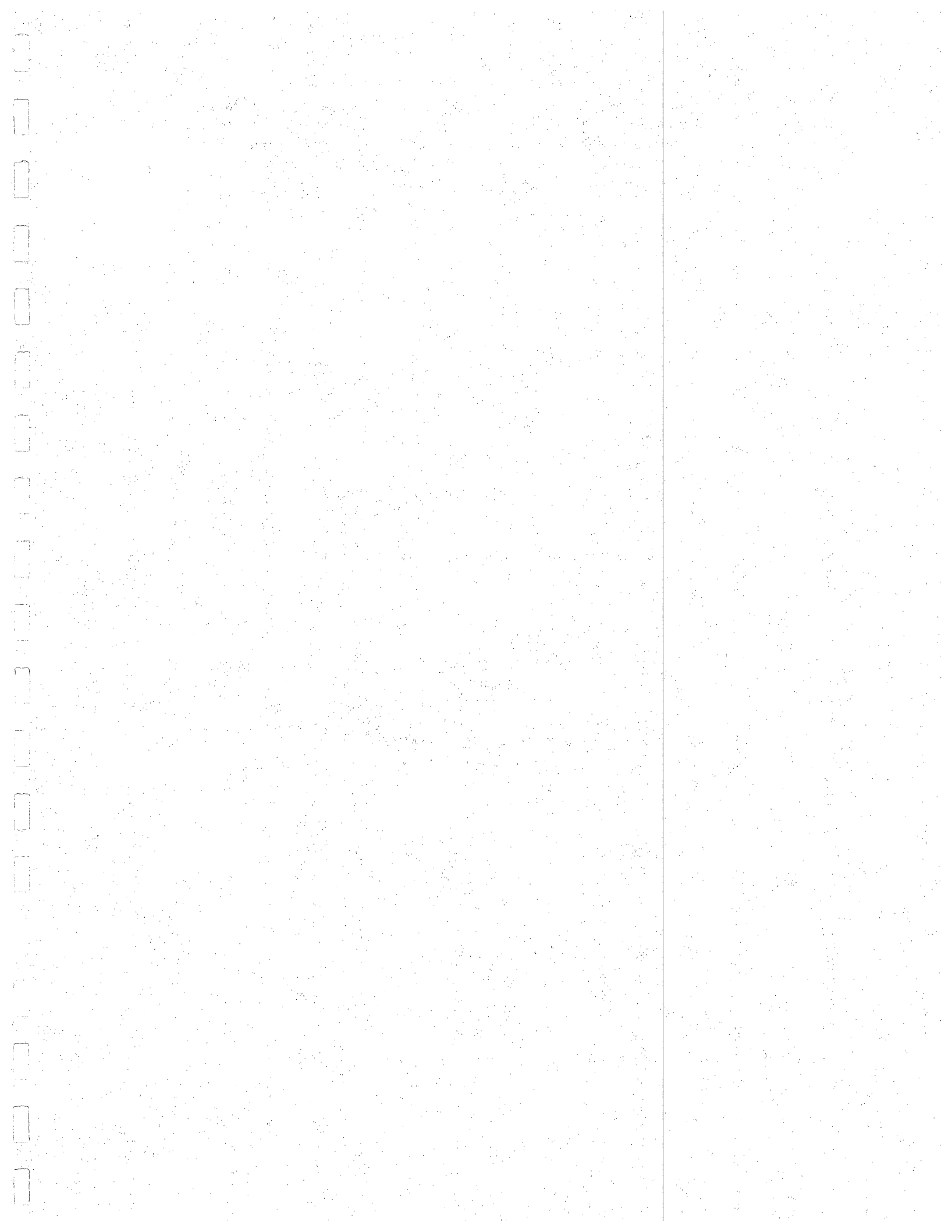
New Jersey State Library

**Women on Welfare:
What They Have to Say about Becoming Self-Sufficient**

by

**Irene R. Bush, D.S.W.
M. Katherine Kraft, Ph.D.
Co-Principal Investigators and Assistant Professors
Rutgers University School of Social Work
536 George Street
New Brunswick, NJ 08903**

Prepared for the Office of Policy and Planning in the New Jersey Department of Human Services, Contract No. 0PP97A, through a grant from the Annie E. Casey Foundation. Any opinions expressed in this report are those of the authors and do not necessarily represent the views of Rutgers University or the New Jersey Department of Human Services.



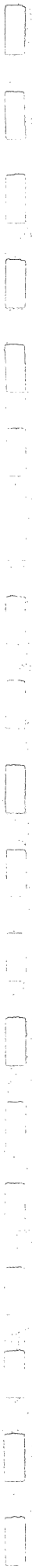
Acknowledgments

This project, like all projects, required the assistance, involvement and encouragement of many individuals. First, we would like to thank the men and women who participated in the groups and shared their experiences on welfare with us. Their candor, honesty, and good humor provided us with rich material from which to work. We only hope we have conveyed some of it in this report. Second, we would like to thank the staff members of the agencies that participated in this study. They recruited the participants and provided us the space and privacy necessary for conducting the groups. Our sincere appreciation.

We would also like to thank our two talented research assistants, Barbara Maticera Barr and Marisol Ramirez. Barbara gracefully executed all the logistics of setting up groups, coordinating schedules and documenting responses, as well as, participating in the groups and providing up to the minute information on welfare reform for anxious participants. She was clearly the right hand of this project. Marisol gave us access to Spanish speaking women through her translation and interpreter skills. Her involvement added considerable insight into the unique needs of this group. Thanks also to Langdon Holloway for her assistance and lending expertise in the area of substance abuse treatment for women.

Finally, we would like to thank Irene Skricki and the Annie E. Casey Foundation for their support of this project and the New Jersey Department of Human Services for this opportunity. A special thank you to Cassandra O'Neill for her diligent attention to the financing and publishing of these results.

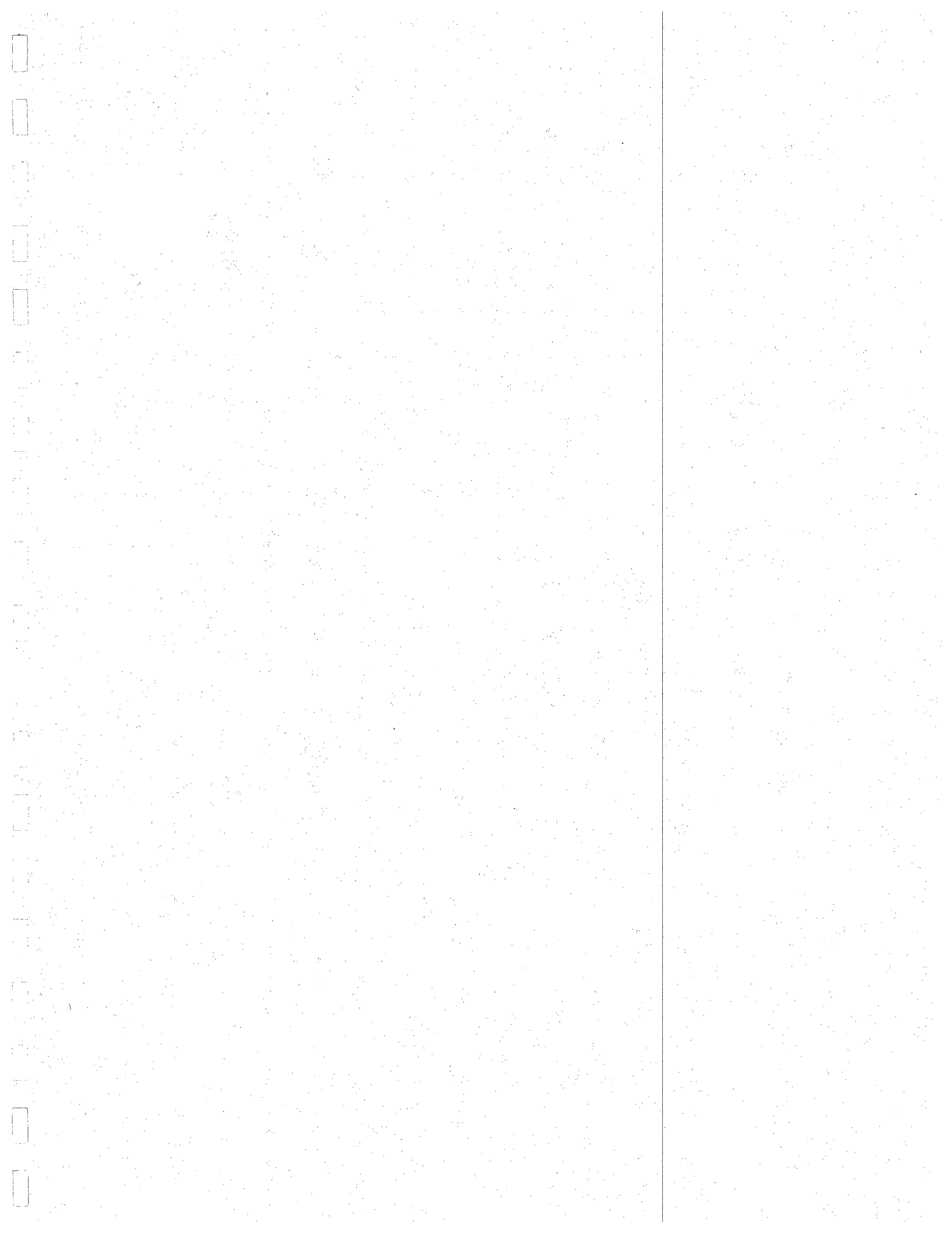
Irene Bush
M. Katherine Kraft



]

TABLE OF CONTENTS

Executive Summary-----	i
Introduction-----	1
Findings-----	7
Section One: Participant Knowledge About Welfare Reform-----	7
Section Two: Recipient Strengths-----	9
Section Three: Barriers to Self Sufficiency and Support Needs-----	19
Section Four: Particular Barriers and Needs of Substance Abusers and Persons in Recovery-----	41
Discussion-----	61
Recommendations-----	66
Section One: Levels of Intervention and Care Services-----	66
Section Two: Consumer Focus and Systemic Change-----	69
Conclusions-----	75
List of References-----	76
Appendices-----	77
Appendix A: Focus Group Questions-----	78
Appendix B: Consent Form-----	80
Appendix C: Information Sheet-----	81



Women on Welfare: What They Have to Say about Becoming Self-Sufficient

EXECUTIVE SUMMARY

In the current welfare reform initiative, numerous professional panels have been engaged to design programs and policies to assist recipients in moving from welfare to work. Little attention has been paid to what welfare recipients believe they need to become self-sufficient. Several barriers to reaching self-sufficiency have been identified in the professional literature including available and affordable child care, appropriate job training, reliable transportation, and affordable health care. Yet, the degree to which recipients concur with these barriers has not been validated. Nor, have recipients been asked to provide input into the policy directives and support programs currently being planned. This study was designed to elicit this information from those who utilize welfare benefits to find out what it is they think they need in order to move from welfare to work. Through focus group interviews, this study solicited welfare recipients' views and opinions with regard to the needs and barriers to self-sufficiency that they experience.

Three types of agencies that serve welfare recipients were targeted as hosts for the focus groups: County Welfare Agencies (CWAs), Community Based Organizations (CBOs), and substance abuse treatment programs. Eight focus groups were scheduled to take place throughout the state in its four regions (north, central, south central, and south) with two focus groups to take place in each region. One group scheduled for the central region was canceled by the agency administrator, and they were unable to reschedule it. The remaining seven focus groups were conducted as planned¹.

Participants were recruited by each agency. Each group lasted from one and one-half to two hours and followed a prescribed protocol. They were conducted by trained professionals and they were audio taped. The recordings were transcribed and then analyzed for specific information identifying needs, barriers, and personal strategies for reaching self-sufficiency.

The specific questions guiding the analysis were:

- What barriers did recipients identify?
- What needs did the recipients identify?
- What strengths did recipients reveal for addressing these barriers and needs?

¹ (One Community based child care agency was unable to attract enough individuals to participate)

- In what ways can substance abuse be addressed within the welfare system?

A total of 58 participants attended the seven different groups. The vast majority of participants were female, had received Aid to Families with Dependent Children (AFDC) for less than 3 years, and had one or two dependents. The mean age of participants was 30. Forty-seven percent were African American, 26% were Latina, and 23% were Caucasian. All but three reported past employment in a variety of jobs, primarily in clerical and retail positions or in the food industry. Two-thirds (67%, N=39) had completed high school or some college, and most (77%, N=45) reported they had attended some type of training, either vocational skills, life skills, or employment readiness.

FINDINGS

The findings from the focus groups often echoed the service needs and barriers to self-sufficiency reported in the research literature. Women in each of the groups confirmed the well reported list of variables--lack of jobs that provide a living wage, the paucity and high costs for adequate child care, the dearth of affordable and safe housing, poor access to reliable and reasonable transportation, and lack of health care and other basic necessities--that complicate welfare to work initiatives. Even with these obstacles:

- The participants in these groups want to work;
- They have realistic career goals;
- They are driven to make their goals into realities.

The focus groups delineated the numerous barriers that women using AFDC confront as they embark on their paths to self-sufficiency. Yet, they also made clear the prevalence of talent, energy, and creativity available in these women for reaching self-sufficiency.

The women in the focus groups displayed a range of strengths that they could use in moving from welfare to work.

- They are motivated to compose a better life for themselves and their children.
- They did not want to receive welfare. For the most part, public assistance was a support of last resort following the loss of income from other sources, including employment, families, and their children's fathers.

- They want to work and they want the gratification that comes from work and the freedom of financial independence.
- They have realistic and attainable career goals and aspirations.
- They are resilient. Having experienced multiple hardships, they have developed flexible adaptive responses and strong survival skills.
- Many women report a strong faith in God or a higher power that they rely on for assistance and guidance day-by-day.
- These women wanted a better life not only so that they can provide better for their children, but so that their children have a positive role model: A parent who finishes school, goes to work and knows how to reach a goal.

Focus group participants lack knowledge about welfare reform and New Jersey's Work First program.

- Most participants had heard about some components of the reform, either family cap, mandatory work activities, or lifetime benefit limits.
- There was insufficient knowledge in any one group to understand the totality of welfare reform and its effect personally on them and on their families.
- The degree to which participants did not believe the current reform changes would actually be implemented was particularly surprising.
- Most of the women had experience with multiple program and benefit changes within the public welfare system, and viewed this as just one more. Consequently, the realities of benefit time limits, mandated work, and potential sanctions were not taken seriously.
- The participants were in favor of changes in the welfare system. Perhaps more than most, the recipients understand the dysfunction in the current system and they desire changes.

The public welfare system itself was the source of the most commonly identified barriers to self-sufficiency. The barriers described included:

- A non-responsive bureaucracy;
- Public welfare personnel that treated recipients in disrespectful and demeaning ways;

- Organizational regulations and eligibility guidelines that required considerable effort to maintain benefits; and,
- A poor method of disseminating information.

Most of the barriers and benefits of the system were attributed to the welfare caseworker. The caseworkers were perceived as:

- Lacking accurate information;
- Withholding available services; and,
- Disrespecting recipients.

There was significant agreement that *"the quality of your caseworker makes all the difference,"* when involved in the public welfare system.

The labor market was identified by the women as a major barrier to self-sufficiency.

- Participants describe limited job opportunities for which they are qualified that pay a sufficient wage and provide health insurance benefits.
- They describe employment as more complicated than just finding work.
- Almost all of the participants had worked, and they understood the expenses generated by working.
- Costs of working had to be considered when determining a reasonable wage.
- Costs include not only the financial expenses of working, but the toll on parenting ability, and the stress of job insecurity when a woman is the sole breadwinner living paycheck to paycheck.

While a strength, the parent role can also be a barrier to reaching self-sufficiency.

- These women are predominantly single parents.
- They are often the only caretaker for small children, and they have limited support systems from which to get help.

- For the most part, they have the total responsibility for supporting the family, both financially and emotionally.

Given the enormity of their responsibilities as parents coupled with limited resources, any barrier or service need has far reaching ramifications on their ability to work and on their children.

The women identified service needs necessary for moving from welfare to work.

- Affordable, flexible child care;
- Reliable and reasonable transportation;
- Safe and adequate housing; and
- Appropriate training and employment procurement services.

The women discussed special parameters for meeting these needs.

- The issue of child care is not just one of providing custodial care, but also concern about the quality and responsiveness of that care.
- These mothers voiced particular safety needs because of the risk factors to children related to living in violent, drug-infested neighborhoods.
- As the primary and oftentimes sole caretaker, these mothers require a comprehensive, flexible child care arrangement that covers evening and night work, and sick children.
- Closely related to the need for child care is the need for housing. These women are concerned about their dangerous neighborhoods, and the influence they might have on their children.
- Safe, adequate and stable housing was often reported to be the number one need of these women. Many of the recipients report one year temporary housing vouchers or other patched together living arrangements. Many state that it is hard to work when you are not sure where you will wind up living.
- The need for transportation was centered around the expense, the feasibility of taking small children on public transportation, and the mismatch between the transportation routes, the job locations, and where

the women live. Women from rural areas saw transportation as a greater need than did those in urban areas.

- Most of the participants felt that if you get an education you could qualify for jobs that would support a family.
- Training by itself is not sufficient. The participants identified needs that included:
 - ◆ basic literacy,
 - ◆ schooling,
 - ◆ on-the-job options, and
 - ◆ support for finding work.
- Most of the participants had been through various training programs, yet, had not been able to sustain employment that adequately supports them and their families.
- In many cases, there was a mismatch between the training given, the available job opportunities, and even the personal interest of the recipient.
- The hassles of training, working, and raising children were multiplied because of limited support systems.

Substance Abuse and Women on Welfare

The issue of substance abuse as a barrier to self-sufficiency was specifically addressed with the participants.

- The majority of the participants reported that substance abuse had affected them, either because of their own use or because of the use of partners, family members, or friends.
- Participants report that substance abusing recipients experience more discrimination, stigma and demeaning treatment when approaching both the public welfare system and the job market.
- The majority felt that women using drugs would be willing to self-identify and go for treatment, if they could be sure that they would not be put in jeopardy.
- Educating caseworkers about addiction and engaging in non-judgmental, supportive questioning with recipients were viewed as important methods for identify those who use alcohol and other drugs.

- Comprehensive, supportive treatment services where women can take their children was seen as essential to stop the substance use.
- The majority report that treatment is necessary before working or self-sufficiency strategies can be successfully enforced.
- Most did not want substance using welfare recipients to go into the labor market because it reinforced negative stereotypes and might damage their chances with employers.
- Substance abusing welfare recipients had similar needs as the non-using recipients, but had more obstacles to encounter on their path to self-sufficiency.

RECOMMENDATIONS

A necessary condition for success in moving any of the women from welfare to work is liberating the energy and skill they possess. Currently, significant energy is directed toward maintaining welfare benefits, fighting workers, and fitting in to a one size fits all program. In order for welfare recipients to make a timely move into the work force, their energy will need to be re-directed and guided toward self-sufficiency strategies. A partnership between workers and recipients is an essential ingredient in defining and implementing these strategies. The following recommendations are made in response to the findings.

A significant organizational cultural change needs to take place within the public welfare system.

From the recipient's perspective, the system is not designed to help them, nor does it promote them to become self-sufficient. Substantial training and organizational redirecting is necessary to build recipient trust and confidence in personnel and program mission. *A consumer-focused approach is recommended.*

It is essential to build a partnership with consumers so that personnel can:

- Provide enough time and content for learning work life skills;
- Tailor support services; and,
- Identify women who abuse substances, help them obtain treatment services, and support their recovery.

Information must be provided efficiently about Work First and its expectations.

The women need information provided in a positive manner that assuages fears and conveys support. Given the isolation of many welfare recipients, the issues of literacy, and the distrust of the public welfare system, information may best be provided in small groups, through verbal exchange with a responsive facilitator.

A conceptual framework is proposed as a method for assessing and categorizing recipients needs and intervention services.

Welfare recipients are not a homogeneous group and no one approach will work for all. There are a range of strengths and needs that each individual brings to the process of becoming fully self-sufficient. The focus groups made it clear that some women will need only minimal support, perhaps child care subsidies, health insurance, and transportation assistance, while others will require an intensive habilitation process.

To most efficiently and effectively administer Work First New Jersey, assessing and matching recipients to an appropriate level of care will be an important first step. Based on focus group responses that identified both a range of strengths and deficits that will need to be addressed, we propose **four levels of intervention and care services**. At each level, profiles that express these similarities and differences between recipients may be further developed and refined as experience is gained in working with the women under WFNJ/TANF. See Chart One and pages 66-69 for more information.

This approach can guide individualized responses, while insuring sufficient and effective administration of Work First New Jersey. The conceptualization lends itself to a comprehensive assessment process and the design of treatment pathways.

Multiple pathways should be considered, and various routes developed to self-sufficiency.

There are many new ways in which to reach self-sufficiency. Recipients bring many strengths and ideas on how to move from welfare to work. A comprehensive assessment of these strengths, and a treatment plan that builds on these strengths may have the greatest chance of success, (e.g., mentoring, apprenticeship, self-employment/entrepreneurial efforts, and non-profit staffing agencies). Support services should be tailored to the individual, and comprehensive job shop programs will be essential.

Chart One: Four Levels of Intervention

<p>Level One:</p> <ul style="list-style-type: none"> • Adequate Housing (stable, affordable and safe) • Limited Welfare Dependency (i.e., less than 2 years) (Berrick, 1995) • Positive Self-Esteem and a Sense of Competence and Self-Efficacy • Positive response to past welfare program efforts(participation in work activities) • Have work skills; Employment ready (i.e., past employment at skilled work) • Well related to own and children's needs <p>Need: <u>Minimum Support and Assistance</u></p>	<p>Level Two:</p> <ul style="list-style-type: none"> • Temporary or Inadequate Housing • Welfare Dependency greater than the norm (i.e., more than 2 years) • Shaky Self-Esteem or Sense of Competence and Self-Efficacy • Lack of involvement or less than positive response to past program efforts • Spotty or no work experience and/or skills; not employment ready • Well related to own and children's needs <p>Need: <u>Assistance for Level One and a greater human capital investment and emotional support</u></p>
<p>Level Three:</p> <ul style="list-style-type: none"> • Temporary or Inadequate Housing • Other difficulties related to the environment • Welfare Dependency greater than the norm (i.e., more than 2 years, but less than 5) • Shaky Self-Esteem or Sense of Competence and Self-Efficacy • Mental Health or Substance Abuse difficulties in the recipient and/or a family member • Responsiveness to past program efforts and other public agencies • Follow through on Treatment Recommendations • Spotty or no work experience and/or skills; not employment ready • Other special needs in relation to self (e.g., criminal record) or to children (e.g., special education or health concerns) <p>Need: <u>Assistance for levels one and two and specialized treatment services</u></p>	<p>Level Four:</p> <ul style="list-style-type: none"> • Temporary or Inadequate Housing • Other difficulties related to the environment • Welfare Dependency much greater than the norm; inter-generational welfare dependence • Poor Self-Esteem or Low Sense of Competence and Self-Efficacy • Mental Health or Substance Abuse difficulties in the recipient and/or a family member • Lack of involvement or less than positive response to past program efforts • Lack of involvement or inability to follow through on treatment recommendations • Spotty or no work experience and/or skills; not employment ready • Other special needs in relation to self (e.g., criminal record) or to children (e.g., foster care placement, special education, health concerns) <p>Need: <u>Assistance for levels one through three, may become part of the 20% caseload exemption.</u></p>

SUMMARY

The focus group interviews demonstrate that women on welfare have strengths that must be engaged. They can make a valuable contribution to designing services that will empower their steps to self-sufficiency. Positive inducements rather than punishing sanctions are likely to help them embark on pathways out of poverty. Hopefully, these pathways will lead to a road that prevents them from falling back into poverty. It is also essential to evaluate whatever is done so that Work First New Jersey programmatic successes can be repeated and its inevitable failures, abandoned.

Moving recipients from welfare to self-sufficiency will be a complex undertaking. While the focus groups indicated that there are no easy answers, the participants provide critical insights about ways to minimize barriers to achieving self-sufficiency. They point out those barriers that occur for structural reasons such as inability to disseminate information or discouraging worker attitudes toward recipients, and they illuminate many of the psychosocial barriers in the recipients themselves such as anger, attitude, and untreated substance abuse. No one recommendation derived from the interviews provides the totality of information about all of the changes that systems and individuals will need to make. The labor market, the economy, Work First personnel, and the recipients each must play a role.

The voices and aspirations of women on welfare need to inspire those who design Work First New Jersey and those who implement it to work with welfare recipients to truly make this reform different from welfare as we knew it.

M. Katherine Kraft, Ph.D.
Assistant Professor
Rutgers University
School of Social Work
New Brunswick, NJ 08903

Irene R Bush, D.S.W.
Assistant Professor
Rutgers University
School of Social Work
New Brunswick, NJ 08903

Women on Welfare: What They Have to Say about Becoming Self-Sufficient

INTRODUCTION

Work First New Jersey (WFNJ) is New Jersey's response to the federal Personal Responsibility and Work Opportunities Act (PRWOA) of 1996 creating the Temporary Assistance for Needy Families program (TANF). The state has worked diligently and quickly to design its welfare reform program. Extensive support services for those enrolled in WFNJ/TANF for the most part, have been designed by policy makers and treatment "experts". The state convened several work groups of professional service providers, policy makers, and researchers to operationalize legislative directives and develop these programmatic responses. Up to this point, the beneficiaries of this new program have not been consulted.

It became clear that the missing viewpoint in these deliberations was that of the recipients themselves. Questions needed to be asked of them about their experience of barriers to becoming self-sufficient; about the supports and services that they believed were most needed and most helpful in moving from welfare to work; and, given the concern that substance abuse could undermine welfare to work programs, about how to identify and help recipients in need of substance abuse treatment services.

In the tradition of partnering with clients to learn what they believe they need (Maluccio, 1979; Saleebey, 1997), this document reports on interviews held with current welfare recipients to discover what they think is essential to move from welfare to work. Focus groups were conducted to identify barriers to self-sufficiency and strategies for moving from welfare to work. Although the primary focus of the groups was to solicit information on necessary supports for moving from welfare to work, a sub-group of recovering substance abusing recipients were included to explore possible methods for addressing substance abuse in the public assistance population. Attention, it was believed, must be given to these welfare recipients as they may need more than others to become self-sufficient. Additional attention was given to the needs of children while families work toward self-sufficiency, and methods for addressing identified barriers. Accordingly, women currently receiving welfare were asked what they knew about welfare reforms. They were engaged in discussions about how reform would affect them and their children. Specifically, they were asked how they would like to see reform take place, what would help them move from welfare to work, and what would help substance-affected women.

Woman in each of the seven focus groups confirmed the well reported list of variables--lack of jobs that provide a living wage, the paucity and high cost of adequate child care, affordable and safe housing, reliable and reasonable

transportation, health care, and basic necessities--that complicate welfare to work initiatives. They defined these variables with touching case examples that illustrated the protracted difficulties in addressing these service needs. One significant finding was that these women want to work, they are realistic in their goals, and they are driven to have a better life. Many point out that the work most often available to them is low paying, part-time, and rarely includes health benefits which are essential to them and to their children. This finding parallels and contrasts with another significant finding that is not as well explored in the literature: the Aid to Families with Dependent Children program, as it was administered when the focus groups were conducted, punishes initiatives to leave welfare and, in effect, motivates recipients to work the system rather than attain self-sufficiency.

To illustrate these points, the findings are divided into four sections. In the first, recipients' knowledge and understanding of current welfare reform policies and programs are reported. This is followed, in the second, by a section on the talents and strengths that were prevalent in the recipients. In the third, perceived barriers to self-sufficiency and a range of service needs voiced by recipients are presented. In section four, specific attention is given to concerns about substance abuse as a barrier to self-sufficiency.

Finally, a discussion and recommendations based on these findings and on the ideas that the women suggested are presented. While each woman and her particular situation will need to be assessed to provide supports essential for successfully moving from welfare to work, an overall strategy for assessment and specific ways to address barriers within the welfare system itself are among the highlights of this report.

Throughout this report, the women's words are used whenever possible. All text written in italics are direct quotes from the focus group participants. Specific narratives are provided that illustrate points. Analysis of these points is provided where appropriate. For every narrative used to illustrate a point, there were many more poignant examples.

There are multiple interpretations for events and their meanings. Findings from the focus groups are reported from the recipients' perspectives. This study did not attempt to determine the accuracy of these perceptions, only to report them. In the case of welfare reform and the needs related to achieving self-sufficiency, the interpretations and meanings subscribed to by the recipients themselves may be the most potent for designing a responsive, effective welfare reform initiative. Given this, we focus on the perceived realities reported by recipients and, in a later section, we target recommendations based on these realities. Those who design the services, benefits, and sanctions of WFNJ/TANF must know what consumers think they need, for it is the reality of recipients' resources and their perceptions of need that will guide their participation in pending reform.

METHODS

This study used focus groups to collect data in the following areas:

- What recipients know about welfare reform and Work First New Jersey.
- Identifying strengths that the women and their families can build on.
- Identifying barriers and needs related to becoming self-sufficient.
- Identifying particular barriers and needs of women in treatment for substance abuse.

Focus group locations and targeted sample groups were determined by state officials. Eight sites were identified to represent urban and rural communities, substance abuse treatment programs, and northern and southern regions of the state. Other selection criteria included minority representation, particularly the Latino population, and welfare agencies vs. non-welfare agencies. A state official from the public welfare system assisted in the final selection of locations, and contacted agency administrators to insure their support of this project. Agency administrators worked with their program staff and a state coordinator to arrange specific group time, location, and membership.

Participants were recruited through advertisement and word of mouth by each agency. Each participant was paid a \$30.00 honorarium for their participation. For one focus group, participants did not know they were to receive compensation; in another, the funds were paid directly to the organization to support a special recreational program for the clients.

Three types of agencies that serve welfare recipients were targeted to hold the focus groups, County Welfare Agencies (CWAs), Community Based Organizations (CBOs), and Substance Treatment programs. Eight focus groups were scheduled at eight different locations, to be conducted during October, November and December, 1996. One group was canceled by the agency administrator, and they were unable to re-schedule it. The remaining seven were conducted as planned.

Sample Description

Seven focus groups were conducted at seven different agencies. Participants were recruited through each organization. Three were located in urban areas, three in rural areas, and one in a small metropolitan area. Two were substance abuse treatment agencies, one residential and one outpatient treatment program. Two organizations were County Welfare Agencies, and three were multi-service social agencies.

Table One: Organization Types and Location of Focus Groups

Organization Type	Number of Participants (n=58)	Percent of Total Participants
Substance Abuse Treatment Programs	19	33%
County Welfare Agencies	17	29%
Multi-Service Community Based Agencies	22	38%
Location		
Rural ¹	26	45%
Urban	26	45%
Small Metropolitan	6	10%

The focus group protocol was developed by a team of researchers. It included open-ended questions targeting the above areas. It was reviewed by state policy makers to insure obtaining responses relevant to their concerns. A draft protocol was used in three pilot interviews with individual welfare recipients enrolled in a methadone maintenance program. During the pilot interviews, researchers asked participants about particular wording and ordering of questions to determine necessary revisions to the protocol. Minor adjustments were made to the protocol as a result of these suggestions (Appendix A).

The groups varied in length of time, ranging from one and one half to two hours. Each group was conducted by two facilitators, and one or two graduate students who were note takers. All groups were audio taped. Each participant signed an informed consent agreement prior to the group meeting. Permission was granted to audiotape the meeting, and confidentiality of responses was assured (Appendix B). Each group meeting began with the introduction of the facilitators and reading of the group purpose as outlined on the protocol. At the end of each group, participants met with facilitators to complete a confidential demographics form and to receive their honorarium (Appendix C).

The analysis presented in this report was taken from the group transcripts, facilitator and graduate students' notes, and participant demographic forms. The recordings were transcribed and then analyzed for specific information identifying needs, obstacles, and personal strategies for reaching self-sufficiency. As categories of information about needs and barriers emerged from the data, they were sorted as either structural or psychosocial concerns. Structural

¹ Includes 13 participants from residential substance abuse treatment program.

concerns were those resulting from the environment, or the community, while psychosocial concerns resided in the individual.

Participant Description

A total of 58 recipients participated in the seven different focus groups. The vast majority of participants were female² (98%, n=56), had received AFDC for less than 3 years (52%, n=30), and had one or two dependents (57%, n=33). The participants' mean age was 30 years, ranging from 19 to 45 years. Forty-five percent (n=26) were high school graduates (or equivalent), an additional 22% (n=13) reported some college or business school. Forty-seven percent (n=27) were African American, 26% (n=15) were Latina, and 23% (n=18) were Caucasian.

All but three participants reported past employment experience (95%), in a variety of jobs usually in clerical and retail positions, or the food industry. Most (77%) reported they had attended some type of training, either vocational skills, life skills, or employment readiness. While the majority had completed high school or some college (67%), a third (33%) had not completed high school, nor had they received their GED.

Participants reported a total of 155 dependents. The dependents' mean age was 9 years, ranging from 6 weeks to 20 years. Participants reported eight dependents that were 18 years or older (5%), and four participants (7%) reported that they were currently pregnant.

Half (50%) of the participants reported that substance abuse, either theirs or that of someone else, had impacted their ability to work. However, it is important to remember that 33% (n=19) of the participants were currently attending a substance abuse treatment program (See Table Two).

Although this sample is not random, it appears to be somewhat representative of the New Jersey welfare population. One of the weaknesses of the focus group methodology is its limited generalizability, and possible threats to validity and reliability. However, given the nature of information required for assisting in policy formulation this method provided immediate access to the greatest number of recipients. These findings are meant to illuminate the quantitative findings of prior studies, and provide a more personalized response to welfare initiatives.

² Throughout this document we refer to focus group participants as women, however, there were two male attendees at one of the groups. Their views and comments have not been excluded from this analysis.

Table Two: Demographic Characteristics of Focus Group Participants

Participant Characteristic	Mean/Percent (N)	SD
Participant Age	30	7
Gender (% Female)	98% (56)	
Ethnicity		
Caucasian	23% (13)	
Latina	26% (15)	
African American	47% (27)	
Other	5% (3)	
Education		
<12th grade	33% (19)	
12th grade or GED	45% (26)	
some college	22% (13)	
Training (% Yes)	77% (45)	
Employment History (% Yes)	95% (54)	
Time on AFDC	4.8 (57)	4.2 (range 1 to 17 years)
Number of Dependents	2.7	1.6
Age of oldest dependent	8.9	5.5 (range 6 weeks to 20 years)
Substance Abuse (% Yes)	50% (27)	

FINDINGS

The findings from the focus groups often echo the service needs and barriers to self-sufficiency reported in the research literature. The voices of the women in the focus group interviews, however, are heard directly. These voices give a stark specificity to the policy outcomes of welfare and illustrate the sometimes harsh realities of their day-to-day lives. Many of the participants in the focus groups had participated in a series of anti-poverty programs and previous welfare reforms (e.g., REACH, WIC, WIN, JOBS, FDP, and so on) and they shared in detail their personal experiences.

SECTION ONE: PARTICIPANT KNOWLEDGE ABOUT WELFARE REFORM

At the beginning of each group, participants were asked what they knew or had heard about welfare reform and, in particular, Work First New Jersey. Their understandings or responses ranged from disbelief that these changes would come to pass to strong support for the effort. In each group, one or more participants understood or had heard of some component of the reform such as the family cap, required work activities, or lifetime limits. However, the women often reported misinformation; they had many questions and they reported feeling that there were few avenues for getting accurate or complete information. In each group, there was insufficient knowledge to understand the totality of welfare reform and its effect on them and their families.

The fact that the rules have changed entirely and this reform effort is very different from AFDC was not clear. The realities of a lifetime limit on benefits and sanctions if recipients do not comply with work requirements are not fully grasped or believed. Even when the group facilitators indicated that the clock is ticking with regard to the amount of time they have left to receive welfare, many participants were not convinced. This disbelief combined with incomplete and inaccurate information may be traced to the multiple welfare reform initiatives these women have experienced. The many changes in regulations and procedures made it difficult for them to understand how this reform might differ from others. They were not fully aware of the significance of losing welfare as an entitlement.

These multiple program changes also served to undermine the seriousness with which recipients considered current efforts. Indeed, one of the most striking aspects about their knowledge of welfare reform was their attitude toward the information. Many did not believe or take seriously the consequences of required work activities, sanctions, and lifetime benefit limits. They could not believe that women and children would be removed from the welfare rolls if they failed to find a job within a certain time frame. Several stated that the program would be changed before it got to that.

You got a lot of people with a closed mind cause a lot of people do not believe this is going to take place. They won't believe this stuff is going to be implemented. Looking straight ahead, there's nothing I can see. They have blinders on.

Many clearly stated that, if the program were enforced as currently formulated, many women and children would be on the streets. Yet, at the same time, they supported efforts to reform welfare and saw the need for some of the proposed changes. They felt that some people, particularly those misusing substances, had taken advantage of welfare, had not tried to get work, and should be sanctioned or forced off. They said that there were many people who really need "that little bit of money" to take care of children, while those who did not, should not be receiving it. They saw other changes, especially the focus on the work activity and training to the exclusion of educational programs, as barriers to successful self-sufficiency. They recognized that a certificate or a degree (a GED at a minimum) results in improved ability to support oneself and one's family.

Group participants gained a lot of information from each other and from the group facilitators. They often thanked the facilitators, expressing that they got more out of the groups than they gave. Recipients are curious about the pending reform, especially about how lifetime limits will be calculated, what activities will count as approved work activities, and how supports such as child care and medical assistance will be delivered. They desire clear, straight forward, accurate information provided through personal contact, routine mailings, and postings in welfare offices. They require innovative formats because many do not have access to newspapers, government documents, or TV programs that might help them understand.

And a lot of them don't even know about it so they have to get the word out there. It's a program you can go to for this or that now before the welfare reform come into effect. Cause I heard about the FDP program through word of mouth. So they have to let people know before they inflict it on them.

If I knew about that information out there I would have been already got up and took action and do what I have to do. So I can make myself and my child stronger. But since I don't know about these things and when you do ask they act like they don't know what I'm talking about. If I knew about it yeah. I'll go out and do what I have to do. I'll go out and get a job. I'll go out and get child care for my son you know.

In general, it was striking how much recipients did not know. It was striking that they failed to take seriously much of what they did know or what they learned. The women asked for more avenues to information and better methods of understanding it. Those who have received welfare, perhaps more than most, understand the dysfunction of the existing public welfare system and desire change. As will be seen in the section on strengths, these women want to work, they want to be able to support themselves and their children, and they want the freedom that such ability brings.

SECTION TWO: RECIPIENT STRENGTHS

Support for welfare reform can be seen in the motivation women evidenced about becoming self-sufficient. Few of the women were passively receiving welfare. Often, despite their lack of information about welfare reform, they were taking the future into their own hands. Many were enrolled in educational, training, or work programs even when they were not required to do so. Some had the help of caseworkers in locating and entering these programs. Several had sought out programs despite discouragement from their caseworkers.

Women are Motivated to Achieve Self-Sufficiency

How you do, I think you just... have to have the motivation within yourself and you have to be consistent and... if you have some back-up persistent and that's healthy. But basically, you're doing something that you do on your own even with me. In 1989, I first started Rutgers and I received no help. I worked full-time. I went to school full-time... an advisor there, dean of students, and I was always in her office because I always had conflicts between work and school.

I just want to get off from welfare, I want a normal life.

When I first went into the REACH program I took it upon myself to go and apply. The average person, say after a certain amount of time when your child is old enough for child care or they go to school, that's when they... put your name in the machine and apply for REACH, to come in and be evaluated for REACH. So I really took it upon myself. That was a big help 'cause... it probably would have taken longer and longer. Some people with kids and, you know, they still haven't got there, but they don't have enough incentive to go out there and tell them (the workers) what they want to do.

It's an opportunity for me to get a job.

I went three times.

A lot of things you've got to do on your own. You just can't sit back.

You have to do what you have to do. I even caught the elderly bus, you know, when they come out there for the meals. Hey I know all of them. I get on the bus with 'em they say, "Oh, you riding with us today?" I say, "I sure am."

I have something to say along that line. Rutgers has a program for small businesses... Anyway I'd like to see something happen where people will want to start their own business. That's what I wanted to do. I wanted to buy a limo business but apparently I can't 'cause of my situation, but if there was something people had an incentive to a small business loan or something like that. Maybe an incentive program or whatever. It may be, might be a fantastic idea for people that are a little bit further on the edge, or up the pole that know what they're doing, you know, as opposed to people going in right off welfare, you know what I mean.

Oh, yeah. I mean I go up there and they all know my name. When I go in there. It's like... Oh, hi. You know... Hi, Jenny, how you doing? Because it's... I don't know if it's because the squeaky wheel gets the oil but I went up there so many times, you know, just saying, well, I have this problem. I have to get this straightened out and I want to do this, you know, for school and what do I have to do. And it's like, there are so many people. Well, what do I have to do to get here and what do I have to do to get there and you just have to constantly ask questions. You can't just go in there and expect them to know your life story. You know, I understand that.

I take it next week (the GED) and then it'll further me more. 'Cause... really, I don't want to sit on welfare. I have three. And it's hard because I get \$322 for three children. And they're only paying it for my oldest. And he'll be four. So next year, when he be five, that's really taking effect on me now. So now it's like, Yvette, get up, and do something. You have to do it now.

Now I know and I'm sure that if I set my goal to get off in six months, I'm gonna do everything to do it. If obstacles are coming at me, I'm gonna go around them.

Many of the women had worked in the past or were currently working through a Community Work Experience Program (CWEP). Some CWEP workers felt they were receiving excellent training and had a chance for obtaining work in their CWEP agency. Others felt they were being taken advantage of as a source

of free labor. On the whole, however, the women expressed a desire to work and those who were working received gratification from it.

Women Receive Gratification from Working

...we're the ones that's doing the harder work. That is a lot of labor in that job and I do like that job. I do love that job you know. And that pays pretty good money too (Recovering person who had worked as a home health and a nurse's aide.)

Oh, I enjoy it. I would love to work the eight hours a day and five days a week, seven. (Laughter) Really... I'm just going out there to look for a good job. And the training will be good.

I work at the Medicaid office. I do office work.... I'm doing data entry... and filing. (Question: And you like that kind of work?) I love it. (Question: Is this what you would choose if you could choose anything you wanted?) Yes. I think there's quite a few things I'm interested in. That I have done before... Cause I've been out there working, you know, but I enjoy the Medicaid office.

So I've gone through all the red tape, I've done CWEP which I really enjoyed. Luckily I was at the Foster County Board of Social Services. I learned all the ins and outs working through there. I was there 9 months and I networked through everybody that works there: Do you know anybody that is hiring for a receptionist, billing clerk, anything?

Right now, I'm working for AYO. I'm in my own office with a secretary, answering my phone and doing computers. And the lady was like, the first day I went in there I had to clean my office out. I was through within three hours. And she was like, "You move kind of fast. Where did you get the computer skills from?" So I told her the CETA, (I) was there doing my GED, and I learned how to do the computer. But now she has me typing on her computers, printing out, and doing some of everything. She was like, "You're a fast worker". And I see now she put my name up for a recommendation to get a job when my six months is up.

I was in the social service field with the homeless women and children. It was a lot of gratification out of it for me, and a lot of gratitude from the people I also worked for and worked with, but that area of work can be depressing. It's hard.

In addition to motivation and gratification from working, the women had, for the most part, modest goals for themselves. In each group, facilitators asked

each participant, "If you could choose exactly what work you wanted to train for and do, what would it be?" The women were realistic in their work choices, income needs, and career options. Often, they expressed short-term goals and, when encouraged, they voiced their dream, or long-term goals.

Woman have Realistic, Modest Goals about Possible Work

When each woman was asked what work she would like to do to be self-sufficient, the following choices were given by many of the women:

- Legal aide or legal secretary; secretary; bilingual medical office worker; clerical;
- Radiology technician; health care (but on the technical rather than patient care side);
- Medical technician (doing ultrasound with babies);
- Home day care or work in a day care center; child care;
- Computers; computer technician; computer programming; computers/secretarial; data entry;
- Nursing; public health nursing; home health aide or nursing; nurse or receptionist in a hospital; work in nursing home but get a nursing degree eventually; home health aid but eventually, a phlebotomist; computerized scheduling in a hospital, but eventually pediatric nurse; health clinic aide; registered nurse; nurse's assistant; nursing assistant, but my dream is to be a lawyer or a judge;
- Auto mechanic or the computer part of the car;
- Social services worker, social worker educator; work with DYFS;
- Elementary school teacher; teacher of children with disabilities; receptionist first and, later, a teacher;
- CEO of a corporation, starting by getting a job in personnel management, or marketing then climbing the corporate ladder (participant has college degree);
- Probation officer or work in the court system; paralegal; police officer (but need GED); corrections work

- Workers compensation claim representative (her previous work);
- Embalmer;
- Run a bakery; and
- Pharmaceutical researcher and chemist or a news reporter.

There were a number of factors that increased motivation to reach self-sufficiency. Primary among them was their relationship to their children. The women saw success in becoming self-sufficient as enabling them to be role models for their children and they spoke about breaking the cycle of dependency. They wanted to get a high school education or GED so that their children would also complete high school; they got up and went to their program every day so that their children would also go to school. They verbalized a value they wanted to instill in their children: namely, that if you want something, you have to work for it.

Women Wanted to be Role Models for Their Children

Yes, sitting at home wasn't for me. To me, I wanted to do something for myself and I wanted my children to be proud of me too. I'm not just gonna sit here and wait.

I had to send my son to New York with my mom. If it wasn't for my mother, I wouldn't be here... I talk to my son on the phone. He says, "Mom, I want you to go back to school and finish". He's gonna graduate this year and I can graduate with him... (With regard to the staff) I tell them my situation. Sometimes I feel I don't want to come and I tell them. They say not to give up and then I think about my son, what he tells me, and that's what keeps me coming.

I decide to come in with my sister. They told me it was bilingual. I did not know English. They told me not to worry. I will learn English little by little. She's my sister, the only person that I have is here. I'm doing this for my son. My son is so happy. He has told everyone that I'm working in a hospital.

At first, I did this for my mother, then for my kids. I wanted to give them a good example. I don't want them growing telling me, why I'm telling them to finish school if I didn't finish it. I did this to my mother. Now, I think as a mother and I know it hurts when I said those things. I want a better home, a better education and help everybody. I know someday I will get the benefits.

I wake up 6 AM and start to clean. My daughter tells me I'm going to school and you are going to school. I take her to school and then I go. She knows when I don't go to school. She will ask me everyday if I had classes. I think about myself: You get lazy. One thing that really helped me is my daughter. She has to go to school at 8:30 AM and by the time you wake up and take her to school, is time for me to go to school. That's the best thing, that she's going to school and I can't stay sleeping.

They (the children) see you working and everything.

In addition to their desire to be role models, characteristics like a sense of humor, religious and spiritual faith, and mutual aid provided by others in the same situation help the women through difficult times. They are responsive to workers and agencies who truly wanted to help. They share information about good workers, the ones who furthered self-esteem and information about resources.

Women had Many Sources to Support their Motivation including a Sense of Humor

Often, they shared bitter insights and stories that caused participants to laugh with recognition.

I was just telling Carrie, I walked. I don't know where I was at. I was lost but I knew which direction that job was in. I walked to this job. When I got there, smoke was coming out of my shoes, ok. I'm serious, ok. I'm sitting there and the lady says, ok, "You'll have to come back". I couldn't explain to her how long I had walked. I was so tired and so the lady finally comes in that did the test and everything and she says, "Oh, call me tomorrow". And I'm thinking if I ever call you it won't be too soon. I got home, my feet were just hurting so bad, I could step on a piece of gum and tell you what flavor it was. (Laughter)

Participant: *No, but listen, if I'm at a job, if I'm an... employer at a job and I have her to come to me that's 23 (years old) and her to come to me that's 46 (years old), I'm gonna be like giving it to this young girl.*

Participant: *Right.*

Participant: *And what that older person gonna do?*

Participant: *Even though she might be more experienced.*

Participant: *More experienced than her, what's she gonna do?*

Participant: *They're gonna take me 'cause I'm younger....*

Participant: *Yeah.*

Participant: *Yep...*

Participant: *They're gonna be thinking about taking that younger one. And that's the truth.*

Participant: *And the young one has three young kids that are gonna get sick.*

Participant: *And this old one is taking care of six grand kids.*

Participant: *All right. (Laughter)*

Women find support in Faith and Spirituality

Many of the women are fighting their way back from enormous adversity and from having made poor choices in life. Support they derive from their religious and spiritual beliefs sustain them.

Because I've been on drugs, and... when I was living in Virginia, in a place where I had those type of friends... even my sister. I had to close the door, and say, "This is it." But and honestly saying, I know this is like off, I mean, it's on tape but it's probably off what we were talking about: I'm a born-again Christian, and I believe in God, and I know that was my source. Now if I didn't have Him, and all this other stuff that I had to go through, I probably would... commit suicide. Because I went through some of the things she went through as far as being homeless, and the different types of social workers... people that will push you, and I sort of try to look at it like this: that it's not the individual but it's something in using that individual to try to make me, you know what I mean, destroy myself.

Participant: *I have a lot of support from my church. And we have a woman's group that meets... and I know you know, God has nothing to do with the legislation and all that.*

Participant: *Yes, He has everything to do with it, they just don't have Him on record. (Laughter)*

Participant: *Well, I think He knows....*

Participant: *He does, I know what you're saying.*

Participant: *Well, He, in the eyes of the government, you know, God has nothing to do, but, and He's what brought me back, you know.*

Not if they put their mind to it, they can do it. . . .And believe in God, they can do it.

Women are Appreciative of Help

They also look for support from agencies and caseworkers.

There are some ok ones out there. I was fortunate I had a good worker and I wanted out. I didn't want to receive welfare. I wanted a job I called her back a week later: I had a job; "Just pay child care", and they extended my child care for 2 more weeks until I got the money together to pay for my child's pre-school. I didn't want welfare and I told her I'm getting humble just to come up here and she swore she wasn't going to take me through that and she didn't as long as I told the truth. Gave up the father's name. I don't have a problem with it, I was glad to give it up.

I went to a place called Resources for Independent Living. It's for people who have I guess mental handicaps, or visual impairments, you know, people who are handicapped, on the basis that my son might need testing for ADD. So I went to this place and I said, 'Listen, these are all of our problems.' I made a list of the problems: where I wanted to be, what I wanted to happen, very soon; you know, what my biggest needs were. And she went, and we went through this book of resources, and I called numbers, and this last one, it was called Homes of Hope. I called them, I said, "Listen, I need to relocate my, you know, my apartment's horrendous, they're not doing anything about it. I need to get out of there. What can you do for me?" And they said, Well, we have a three-bedroom house, \$600 a month. What are you paying now? I said, \$595. They said, Well, \$600. I said, When can we meet?"

This is part of the training that we're having here. They're training us on how to look for jobs, job fairs, how to do an interview. That's why we're here. So we could learn how to go out there.

They told me that if I did not know English, I was going to learn English. If you don't know Spanish, you learn Spanish. They push you. They tell you you're doing great... Yes, they do it with love.

That's another thing here. They help us here. Those of us who don't have the GED, they start taking courses. They keep on pushing us until you reach your goal. They only heard like three times that nobody had the GED, they had classes for the following week.

And they guaranteed me a job and they got me a job if I wanted it but I didn't take it 'cause I got something better. To make a long story short, she calls constantly to see if I want something else and I couldn't ask for anything better.

Many recipients want to use their experience to help others. Despite their own dire situations, they evidence compassion, empathy and a desire to help others avoid poverty and entry into the welfare system. Indeed, a significant number

of women voiced wanting to give back to the community. And at the same time, they held on to hope for a better future for themselves and their children.

Women Advocated For, and Encouraged Each Other

Participant: *But my whole dream, I would like to be a news reporter. (Laughter)... That's my dream.*

Participant: *Make it come true, girl.*

I had to wait for her to finish, so she could watch my children... And once she graduated, then I'd be able to take the course so she could watch my children. ...you know, that's how we work together to do it because child care was a big issue with us... So what we did is two went to training one time. While the other two watched the kids. When that person finished, the other two went... But everybody ain't gonna trust anybody with their kids.

Participant: *You know what they taught us at one of the workshops? They told us to write down some goals and then the lady printed them up, and she gave them to us. And if you walk into any of our units, you see them plastered on the refrigerator. You know, the wall...*

Participant: *That we're gonna reach them goals.*

Participant: *Yeah. (Laughter) (Question: So, sometimes you have to have a reminder?)*

Participant: *Yeah... 'Cause sometimes, you just don't have the energy or the willpower... But if you keep looking at it constantly ... oh, boy, let me get out 'cause I've got to reach that goal.*

Participant: *Yeah.*

Participant: *It's gonna come to that.*

Participant: *....And it's real stressful. 'Cause I'll be in the house sometimes, I'll just be stressed. I'll be crying. I'll just be, I'll have attitude. (Laughter)*

Participant: *Girl, we need to call each other then.*

Participant: *Do you know! (Laughter) Do you know!*

Participant: *I know!*

Participant: *We need to call each other. (Overlapping Voices)*

Participant: *We need to call each other.*

Women have Hope for a Better Future

Anxiety seemed to be expressed through dire predictions about what might happen to those who may need assistance in the future. Despite their many concerns, the women hold on to hope for a better future.

I think that a lot of women in rehabilitation is reaching out for help and, like I said some of us is not educated... don't nobody want to continue, you know, to live like they're living. They want to better themselves.

I don't want to come back and I'm starting to see more and more that as you know education, is taking people farther and farther up the ladder. In order for me to go up the ladder with those people, I have to get my education too.

Women Want to Give Back to the Community

I'd like to work... either with DYFS or the court system uhm. I don't know, just giving back to my community. But I like to give back to my community, but also with that would be some of the knowledge that I know to help out other people with DYFS and with the probation department or something like that.

I would like to work at a asthma clinic, so I could give back (from personal knowledge) of what I've been through.

The one thing though is that I would love to be able to go into a school and look at a group of people that are younger than me and say, "Look, I was beat up by a man for 2 years. Know where it got me? No place. This is what happen to me. This is how I can help you." That's why I'm going into social work, so I can help somebody else. I want to help someone else, show them the right way to go. What you're not supposed to do. I don't think that we have enough people that are going to the schools that are talking to people. You know, nobody's helping each other. We are like, "O.K., that's your problem, that's your problem." There should be something in the schools that says, you know, look what happens to people.

I want to get out and talk to the people. 'Cause I want to let them know where I've been, how far I came and that they can do the same... And I want to be the one that get out there and tell 'em--if I got to do it volunteer. (Laughter) That's my dream. To see somebody else come as far as I did and complete it... Oh, and least, at least, help them and get them on the right start so they can get in and finish too.

As will be seen in great detail in the next section on barriers and needs, the women were frighteningly realistic about their chances of success.

Women Appraise Their Chances of Success

In relation to employers who hire only part-time workers: But see my thoughts on that is, too, we can sit around and do everything we can but company owners, private owners they have a right to do what ever works for them. That's why I think the most important thing is for us to see exactly what we're facing and how we can't do anything about it and to work better on what we can do to survive it you know.

The many strengths that women on welfare have are evident from their voices cited above. Certainly, if WFNJ/TANF can respect their realism, their concerns, and their dreams, these women can be engaged in overcoming the many barriers to their successful attainment of self-sufficiency. They have many strengths that can be enlisted by WFNJ/TANF.

SECTION THREE: BARRIERS TO SELF-SUFFICIENCY AND SUPPORT NEEDS

In this section, findings related to the barriers and needs to welfare reform and self-sufficiency are discussed. Most of the participants were looking toward paid employment as their model for reaching self-sufficiency, and training and education as the means for achieving this employment. Few participants mentioned the idea of self-employment or entrepreneurial efforts as a pathway to self-sufficiency; therefore, we did not elaborate on the barriers or needs of small business development, or other entrepreneurial or self-employment strategies.

The barriers are discussed as to whether they are structural barriers, that is related to systems or to the environmental, or individual barriers, related to psychological, academic, and other personal, experiential deficits. Likewise, needs are also discussed as either structural needs or individual needs. Needs and barriers are reported together as it is often impossible to separate these two areas. Identified needs that remain unaddressed, whether inadequate levels of service or limited access, become barriers. The first part of this section reports structural barriers the participants identified, and service needs most necessary for achieving self-sufficiency.

Women Encounter Barriers in the Public Welfare System Itself

I think also a lot of times, the system is prejudiced to the client--because a lot of times they disrespect us and treat us like we are lower or under them.

The most commonly identified barriers to self-sufficiency came from the public welfare system itself. These barriers included a non-responsive bureaucracy, public welfare personnel that treated recipients in disrespectful and demeaning ways, organizational regulations and eligibility guidelines that required considerable recipient effort to maintain benefits, benefits that were differentially awarded, and a poor method for disseminating information to welfare recipients. Participants consistently related examples of dehumanizing experiences with caseworkers, poorly executed program supports, and consistently changing guidelines and benefit requirements. The degree and the specific ways in which the public welfare system was perceived as a barrier was surprising. Most of the barriers in the system were attributed to the welfare caseworkers. They were perceived as lacking accurate information, withholding available services, and treating recipients with disrespect. There was significant agreement that *the quality of your caseworker makes all the difference when involved in the public welfare system.*

The public welfare bureaucracy was seen as non-responsive in several ways. Most notable, recipients felt that their specific needs or desires were not taken into consideration either when applying for support services, requesting education, or when selecting vocational options. As one woman reported,

They wanted me to go to school for what they wanted me to go to school for. I don't know about anyone else, but I know for myself, you cannot send someone to do something they don't want to do. It's like the brain shuts down, it's not what I want to do: I'm not interested in it and I don't learn it.

This lack of responsiveness was also evidenced for the recipients in a bureaucracy that did not encourage or push them to pursue self-sufficiency strategies. These women often reported incidents of being discouraged from attending available training programs, and felt that they had to force their caseworkers to assist them in these efforts.

Women Regard Personnel as Obstructing Self-sufficiency

Women stated:

I was only on welfare for six months. I wanted to get off so I went to them and said I want something to get me off welfare. (They) didn't come to me. I went to it.

REACH came out July of 1989. I remember 'cause my son was due July the 12th, and I went to sign up. When I went for redetermination and the lady said you can wait 2 to 3 years. I said I don't want to wait; when this

baby is born I want to do what I got to do and get off welfare. I had another one after that. She said OK you can wait. I said no, I'm not waiting, get me something. "We can't put you on," or "It's not your time," or "You kids are not old enough." What about these people that want to do something and your closing the door on them. You're only making them want to sit back home and do nothing. Because your telling them no.

I personally done the same thing when my children were 6 months old. I have twins, I was told that I couldn't get into (a program for) two years and I said I don't want to wait two years. If I could get the education now I would like to be making the money within two years.

This discouragement was reported to extend to the search for employment. Often times the women provided examples of bureaucratic rules and regulations that worked at cross purposes with the activities required to gain employment. As seen in this woman's statement, the workers seem to blindly follow the rules without exploring the specifics of the situation. Such experiences enforced the women's negative perception.

I worked in the FDP department so they know where I was going and what I was doing. They said, "You can't go there. You're on your CWEP." I was like, "Well I have this interview." I can get a job but I mean luckily I talked to somebody over their head and she said just go and I got it and I've been working for seven months now. Totally off everything but the Medicaid and I mean there are good programs but there just some glitches in each of them. I mean they just have to listen to people that are in the program.

The consequences of this non-responsiveness could be heard in the women's reports about the uncaring and insensitive system. Many felt that caseworkers didn't understand the challenges of surviving on welfare: "they don't know or they're not in our shoes". Some reported feeling "hopeless" about finding somebody who would listen to them. Statements like the following were common:

It gives me a feeling of hopelessness. Almost you feel like somebody got to listen, somebody got to listen.

Sometimes I feel that they really don't care, you know they already have a job or whatever the case maybe, so you know (they don't care)

...but they say that you know, its hard. Its easy to give up because they're not getting help with their transportation. They don't know what to do

about child care and then they're putting all these regulations in saying you have to do this now or you're getting cut off. And its frustrating and its very, its like getting hit in the head. You don't know where to (go).

The doors get slammed in your face constantly.

Participant: I think when you work for say Human Services, you're working with people. I think that they should have like... a week or two weeks for... (pretending to be recipients. They should pretend that they are) coming on assistance like, you know, like apply for assistance...

Participant: We should, yeah, we should reverse their roles.

Participant: Yeah; and see how it feels to be on the other side because it's only by the grace of the God.

Participant: Then what do you do? When you, when they're sitting there and (you) need help.

Participant: Mm-hm. See, everybody don't live the same way that they do. They've got a job, you know. They have to learn that nobody, other people no have a job.

Participant: But a lot of them deliberately do that. Because what it sounds like from her, that was like deliberately done.

Participant: Yeah. Sometimes I bring the paper. She ain't at her desk or she's out at lunch... Bring the paper Monday. I got no answer from her. No phone calls, nothing. I came back Friday. The paper's still in the little case. She didn't even take it.

Perhaps the most universally experienced barrier associated with the public welfare system was how it conveyed an attitude toward recipients about their worth. Whether it was the caseworkers direct treatment of recipients or the operational standards of the organization, recipients felt disrespected and demeaned by their experiences. This was complicated because you feel bad enough to get on welfare, and then they (caseworkers) make you feel even worse. The recipient's reported that their interactions with caseworkers had given them an "attitude."

Women Regard Personnel as Demeaning and Disrespectful

The majority, I can't say that all workers are like that, but the times that I have been, the majority of the (workers are like that). You automatically, you're so use to going and getting that type of treatment that you automatically go in with a little attitude, like I'm ready for whatever comes, because when you walk in the door they make you feel like dirt automatically, not like a person that's coming for help you know. Not even knowing each individual situation, they treat everybody the same.

If they're going to degrade you then you degrade them back. I mean two wrongs don't make a right but still they're trying to provoke. You're trying to be nice the first time and it doesn't work, and then the second time around you still gonna be nice. No, it doesn't work that way. That's when you gotta be just as much a hard butt.

I've experienced some bad things. It's not like I just haven't done anything but its the way they talk to you. Its the way they try and make you feel that your not one, you know what I'm saying and if you don't have that strong will and determination to do it these all make you defeat your ownself. You know what I'm saying and I'm really here to help you, but not for real. I don't really want to help you.

You see, they have a job and they have everything and they don't have nothing to worry about. We're there and they're just looking at us, you know, you're in the wrong place. And that's not right and that's how we got our attitude.

On the whole, the recipients did not view their caseworkers as supportive or competent. More often than not, caseworkers were seen as an enemy rather than a helper. Recipients' felt that they were not doing their jobs correctly. From the recipients' perspective, the caseworker's job was to help them by assisting them in receiving all welfare benefits for which they were eligible. Consequently, gatekeeping and enforcement of regulations were viewed more as harassment than assistance. This perception was often exaggerated by the manner in which these functions were conducted.

Women View Personnel as Non-supportive and Less than Competent

Yeah, you know when you go for your re-evaluation, it's just, uh, they ask you questions about your rent receipts, public service bills, whoever is in charge, head of household, they make a copy, bring it back, and then see you. It's just a "wham bam thank you ma'am" type of deal.

It's like they're giving you their money. Their money. What I was thinking about her was, she's not here to help people. I think she's here to try take people out of the welfare. But that's not her job you know.

You know. And she say, if you don't help me, I can do nothing for you. Sometimes, I was here every day of the week. Five days a week. Every day. For nothing. Every time I bring the papers, she needed another one. She needed another one. If I mailed the paper, impossible, she never get it.

They ask 50 questions and I live in a house with my mother and they want, you know, they want to see the tax bill. They can't even see the deed that don't have anything to do with it. My mother is the landlord, you know. You can come check out the home, you know, the environment situation, along with the living situation, if it's appropriate. I don't see why they should try to go further down into your business.

Question: Has the welfare office ever been a help to you?

Participant: No

Participant: No

Participant: No

Participant: *We don't bother those type of people unless they call us. When I get a job and I'm ready to come off welfare, I'm gonna go down there proudly and say to my caseworker, I did it without your help.*

You know what? You know what? I think they need to turn the tables around and put those people that are doing this welfare thing in our shoes.

The participants did perceive that caseworker's jobs as difficult, acknowledging that devious welfare recipients might have contributed to the workers attitudes of disrespect. Practices such as non specific appointment times, voice mail that went unanswered, requests for unnecessary or unavailable documentation, and frequent redetermination of eligibility perpetuated recipient hostility toward workers.

Women Perceive Personnel as Deliberately Unavailable

These people that they have in here, the way they teach you that you're suppose to be nice and courteous to the clients and stuff. These people that work in these buildings is straight up off the hood, they need to be in the unemployment line. I should have their job, what they're training me to do. I could deal with these people if they're here doing it. If they're going to act like that, they don't deserve to work.

They act like they don't want to do their jobs, they be having nasty attitudes.

You call here, I understand they go on breaks and lunch, but they let the phone ring too long and I be right there holding on.

We're human too.

Participants believed that they were the reason that the worker had a job and that they should benefit from some assistance. In fact, when a case worker was

identified as good, their name was immediately requested by other group members for future contact. However, often recipients were kept waiting long hours while caseworkers were involved in non-work related activities. Several women reported arriving at the welfare office at 3:30 PM to be told that their caseworkers were not seeing any more recipients that day. Many spoke about telephone calls to caseworkers where they were shifted from telephone to telephone unable to make a connection with a human being who might help them. These practices only perpetuated the view that the public welfare system was demeaning, disrespectful, and a barrier to their self-sufficiency.

They want things on their terms. I had kids and my kids (had to come with me), and I got there it was like 3:30, and she gets off at 4:00 o'clock. So she was like. "I'm not seeing any more clients today. I leave at 4:00 o'clock". I said, "But I'm here, I'm here and you got to see me. I haven't received a transportation check in three weeks." "Uh, that's not my problem." "But you're my case manager." I said, "You expect me to go to school everyday, take my kids to day care, school everyday, but when it comes down to transportation check it's not your problem." So I was like okay, fine. When she left, I said, "Who's her supervisor", and I spoke to her supervisor and I was like, "Well, I feel like this, if I'm here regardless if she had to leave in ten minutes." If I'm here she's suppose to see me and the same thing when you go to your regular case manager. If they're going to lunch they can leave you sitting out there. You be sitting there for hours and hours, and the things that they have to do for you don't take no more than two minutes. Because all they go to do is tap it up on the computer. We could go in there and tap it up ourselves if they tell us the code, and, not to mention after a certain time when they know they get off at 4 o'clock. They tell people at 3:45, I'm not taking anymore clients, but they're not suppose to leave that building until 4:30. How you going to say, stop the clients and call and you're getting paid until 4:30. They're not suppose to punch out until 4:30.

I sat out there 45 (minutes). I sat so long one day two months ago, I took a nap, woke up. Called, she called the case worker again. The case worker was standing over there to the left, you know. Yeah, they sit there and do their nails and coffee and going off and you're sitting not accomplishing anything.

But you know, what, welfare--a lot of people I've been hearing complain to a lot of people they say their caseworkers aren't helping them. They say that it is so easy to give up. For trying to get through to their caseworkers.

Yeah do something useful. You can go in the front right now and everybody's caseworker in here is a recording, and she sitting back doing

nothing. I called up here last week when I got the letter from REACH. I called: they transferred me to here, transferred me to here, so I called back, oh she was right here waiting for a phone call. So why didn't you answer the phone. I don't like talking to recordings.

(A worker present during part of one of the groups:) They're not lying cause I stayed on the phone. I called the lady one of the client's in here worker and she was on the phone. (I got) her answering machine. I did it every hour and got an answering machine so I went home. I stayed on the phone every ten minutes to fill up her answering machine. So she got nobody but me. So she called me back.

It is not just these attitudinal aspects of the public welfare system that the women viewed as barriers, they also charged that the system did not give them accurate or timely information concerning their benefits, available supports, or employment possibilities. Many women reported that the only thing they needed from the welfare system was information. To overcome this lack of information, many women had learned to depend on friends, family and each other to learn about the available services and programs.

Women Fail to Receive Essential Information

They don't tell you anything and the only way you're going to find out is from other people. I'm sure there is a lot of benefits I don't even know about. I could be getting to help me get back to work and I don't know about it.

And tell us what we can do to better ourselves. Cause if we don't know how are we going to better ourselves?

Yeah that would be fine or like I said just a list of services. So meet with one person. That would be fine too. So they can tell you what's available. Maybe they don't want to do that cause they think well this person is not really gonna work for that or try and get day care 'cause they can get it for free, or try and get their car back cause they can get transportation for free. But for a lot of us, that's not the case.

Give us some insight on what they have to offer.

All we need from our welfare worker is a packet of information: What's available to us, transportation is available, child care's available, school is available, rental assistance, heating. Whatever, that's what we need. A list of things that are available or else I was told just apply for everything cause it took up my time and their time to process paper work and then it

turns out I can only get Medicaid after all. So why did I go through all that time wasting paper? Now if they had a list of things I could get, it would have been so much easier.

Yeah, but you have to know what to ask because they do not tell you a thing.

Yeah, you have to know what to ask, Carol has told me a lot, Chris. People here, cause if you don't know to ask about transportation, they're not going to offer it.

Nothing, they don't tell you diddily.

You have to become educated before you go.

Somebody having went through it and they come and they tell you.

Your counselor won't even tell you about. They know you need help. You're in a gutter or whatever and they won't come out and tell you Oh, well you can get into this program and this will help you become a little bit better, a little successful.

Yeah, the workers really make things harder. That they don't go out of their way to tell you about stuff. Give you information about programs-- and you know, they look for every excuse to cut somebody off and limit their income.

That would be a big help (getting information about benefits) 'cause you would have some kind of insight on where your going.

Contributing to this worker-recipient strain, was the participants' sense that the public welfare system is capricious in its treatment of recipients. They reported very little consistency between what was offered to different recipients. Participants conveyed that these experiences resulted in their belief that the system was unfair and unhelpful. Ultimately, this sense of unfair and unjust treatment contributed to participants using their time and energy to work the system rather than working to get out of it. The women reported that it's just a hassle, a constant hassle to keep your benefits going. The recipients need all their welfare benefits to survive so they must work to keep them regardless of the hassle or the energy it takes. These women illustrated how it takes considerable time, energy and personal panache to keep welfare benefits in place.

Women Spend Time and Energy Working the System rather than Working to Leave It

I was on welfare and I went this route, you know I'm recovering, I went this route. I know it's hard for them (Other persons in recovery) to have to deal with them and most of them don't want to go up there and deal with them. They rather do without. When you got babies you can't go without. You have to go up there and sometimes you have to kiss a little butt.

The way it is if you don't know somebody in the system, they don't let you know what can be done for you.

But you have to go up there and kiss their behind cause it's all about those workers. I've seen a worker out in Middlesex County just absolutely go off on this women. So what this women got a little loud, so what you know she's on drugs. Is it everybody business out there in that waiting room. She just came out and called her a junky bitch. Now that was uncalled for.

Given the multitude of barriers that the women found in the public welfare system it was remarkable to also hear some praise for workers and successful supports from programs.

There are some ok ones out there. I was fortunate I had a good worker and I wanted out. I didn't want to receive welfare. I wanted a job. I called her back a week later. I had a job: Just pay child care, and they extended my child care for 2 more weeks until I got the money together to pay for my child's pre-school. I didn't want welfare and I told her I'm getting humble just to come up here and she swore she wasn't going to take me through that and she didn't as long as I told the truth. Gave up the fathers name. I don't have a problem with it, I was glad to give it up.

I don't know about my regular caseworker. I don't talk to her. You know, but dealing with FDP and through REACH and everything else, JTPA, they've been wonderful. But I hear a lot of people complaining.

She's very good. She knows her job. I feel like, when you got a caseworker that know their job, then she don't have to be frustrated. Having you running back and forth and I've had cases before where the social worker didn't know what they were doing. And you had to get the supervisor. Now, I don't know if they had just started the job or if they had been there for years or never just did things by the book, but she didn't know what she was doing and I even had to go, what they called the little court or

whatever, when you appeal? And the judge went in my favor. Because this lady didn't know what she was talking about. So I guess it has to do with the individual. You know, and how well she did her job or, if she was slopping it up, or that she really wanted to do her job well. You know, I think that has a lot to do with it because if you are not doing your job like you're supposed to, and you report it, then something's supposed to be done. If I'm on the job, and I'm not doing what I'm supposed to be doing and it's reported, then something's gonna be done. You know, so I think a lot of them just don't do their jobs. They just let a case and they let it sit there say, well, I'll have it for 30 days. If you really want to help a person, you're not gonna wait for 30 days. You'll help them.

Participants may have enjoyed trading their stories about poor and insensitive treatment. They may have exaggerated at times. However, it is clear that welfare under AFDC carried serious disincentives to self-sufficiency. Removing bureaucratic barriers may be within the control of WFNJ/TANF. The environmental barriers discussed in the next part of this section are less so.

Women Encounter Barriers in the Economy/Labor Market

The women identified the labor market as another major barrier to self-sufficiency. According to the participants, there are limited job opportunities that pay a sufficient wage for which they are qualified. One of the first structural barriers to self-sufficiency identified by the participants was the lack of available jobs. Statements such as these were common among all of the focus groups:

There's not a lot of jobs in Newark. And there's not a lot of jobs anywhere that will hire people like us anyway.

So then, when they going to get the job openings for the people who want jobs? If they come out wanting to work, where we going to work? If there's no jobs open.

A lot of jobs are laying off their people, or not hiring no people not more.

Even if there were jobs for everyone who will need one, participants know that they will be hard pressed to be truly self-sufficient doing work for the minimum wage.

The job market being what it is, for every person on welfare, there is not a job for every person on welfare. A job where they is just not making \$5.05 an hour.

Well, first thing I think of, is just that minimum wage is not enough. You know, by the time they take taxes out and everything like that and you have to think about (child care, housing). The salary's got to be good enough. The salary has to be good.

My only qualm is, if you got the education, why can't they just help you to find a job. I got education OK, and I found every job on my own, but I have four kids and \$5.05--\$5.25 does not pay all my bills in my household and take care of four kids.

It's important for people who are on welfare to get some kind of education, so they can enter into a job that pays more. And even with an education you're not promised a job.

Well here I go again, I was working, but not making enough money was one of the reasons, being frustrated. I was a single parent, and I guess the pressures of raising two children and not living in the best. It was like I was working just to live and it wasn't enough for me. One thing leads you to another. It was like a chain reaction type thing. It was like I was just surviving and that was hard survival not making enough money. So for me education is a top priority cause I can hold a job, but I need to further my education.

As is reflected in these statements, the issue of employment is more complicated than just finding work. It includes finding work that is dependable and will pay a sufficient wage to support a family. Almost everyone of the participants had worked during their lives, and they understood the wages required to cover all the expenses generated by working. Repeatedly, the participants stated that they could not support their families on \$5.05 an hour, especially given the expense of child care and health insurance. Additionally, these women identified that costs incurred by working, such as clothing, convenience foods, and transportation, made entry level, minimum wage jobs non-viable options. They could not see how they would be able to support themselves and their children. The costs of working had to be considered when determining a reasonable entry level wage.

The financial barriers associated with work were only part of the burden in moving from welfare to work. Another barrier associated with the labor market was the demands of children on working parents. Sacrifices have to be made about time spent with children. Flexible day care that covers emergencies is essential. As one woman said:

You see, but it's hard because, you know, how to try. You working and then like my children, they don't get to see me because I'm working. Then

I was on programs. So my children didn't see me. I'm trying to help them and myself get somewhere in life, but its hard because they don't get to see me at night. And then, when they go into day care they don't like staying there, because I'll be going to work all the time and they don't get to see me.

I work on the weekends. So I don't really have time for them (the children) and they sometimes act sick. They feel as though I'm trying to deny them.

The needs of children are endless. As single parents, these AFDC recipients are the primary, if not sole, source for nurturing, caring, directing, and guiding their children. Limited financial resources and sometimes non-existent support systems make responsible child rearing difficult. The conflicts parents experience and the demands on the time of working parents become substantial barriers to work that must be part of the equation. Sick children and school holidays, for example, are not often accommodated by child care which challenges a parent's ability to get to work.

Moreover, these women need permanent employment. They are concerned about how they will survive if they lose their jobs. They see the labor market as volatile. Many of the participants have experience with layoffs, downsizing, or company closings. They understand the consequences of losing their job, and are fearful of a labor market with few employment opportunities. Their experiences of employment as temporary make them even more concerned about the changes being introduced by welfare reform. As one woman said,

You just have to pray that you'll be able to stay at the job and that the company don't close down. Like at other jobs, they're getting downsized. Then what do you do? I mean can you go back. If your company closed, can you go back on welfare and start doing it again, or are you just done?

Job stability is needed so that women can begin to balance work and family life by finding and paying for day care that supports their responsibility to be on-the-job.

As was mentioned earlier, it is very difficult to separate barriers from needs since one usually derives from the other. However, in this section we present specific service needs identified by the participants and elaborate on various methods, models, or arrangements recommended by them. The list of services needed have been well documented in the professional literature, and for the most part have been considered when designing welfare reform programs. Perhaps what is new in this analysis is the comprehensive way in which the women have stated their needs, and tried to provide reasonable solutions.

Woman Need Affordable, Flexible Child Care

When discussing child care, the women said:

My concern is child care, because I know it is expensive and it scares me that I can get (subsidized care) right now to help me with the monies for child care, but what's going to happen because I'm a single mother with four children. What am I going to do for child care? I mean it cost hundreds of dollars a week for kids.

Training, schooling, day care, transportation, a lot of us want to do something like schooling, then you get frustrated because you don't have day care. And, how am I going to go to school if I don't have nobody to watch my kids.

My biggest problem is child care and housing. If you're working at night, who's there to watch your (children). Yeah, because they give child care in the daytime, right, but not at night. And then some jobs you have from nine until five. Now, you get off of work at five o'clock, and you child gets out of school at five o'clock. You can't be there on time, and then its late fee!

Well, one person would watch my kids for me. But a few times, I had nobody to watch my kids. I left them. I felt bad for doing that but its the only way you can try to make it. 'Cause its hard.

I had child care for one year they paid for me that whole year. When my year was up, I applied to some other place they told me to apply to. It was a freeze on, so I had no child care. I can't work if I don't have child care. So that meant, back on the system for three to four months that you were allowed then you get the child care again. So you're basically forcing me back on.

One year of child care, its fine just for that year, but what do you do when that year is up and there's nobody to help you with the child care.

As far as child care is concerned, maybe they should let us have child care a little longer than two years.

Because if you're talking about taking all these people off the system, and the reason why you're on the system is because you have children, maybe the government needs to set up day care that is affordable. Where you don't have to pay \$100 or \$85 a week, maybe you can pay on a sliding fee where you pay \$30 or \$50 a week.

(I need child care) for when the baby gets sick.

As is evident, the issue of child care is not only one of providing custodial care and supervision at an affordable cost. There is concern also about the quality and responsiveness of that care. Mothers voiced particular child care needs because of the risk factors embedded in their violent, drug infested neighborhoods.

Because they, they're hiring anybody (in child care) and I don't think that is right, because my child's endangered 'cause of somebody else.

And then a lot of parents, they have kids that are two and under. What do you do with those kids?

That they do not want to let kids out of their sight underscores their concern for the physical safety of their children. Mothers of young African American males are especially concerned about the need to provide guidance, protection, and supervision because they understand the limited life expectancy for many of these children. They want strong capable, consistent supervision for their children, but they are not sure how to assess who, as an outside caretaker, can provide it. They are unsure about whether family style in-home care or care provided in formal settings is preferable.

As the primary and oftentimes sole caretaker, these mothers require a comprehensive, flexible child care arrangement. Although the expense of child care is a universal concern, the women point to the need for flexible hours (24 hour care) and the ability to cope with sick children. Child care must match the evening/night work, shift work, flex time, and overtime hours of the work they are most likely to obtain. In order not to lose their jobs, illness and school holidays have to be covered by specialized and flexible day care arrangements.

Woman Need Safe, Adequate, and Stable Housing

The need for child care was often closely related to their need for housing. Many participants reported living in dangerous, drug-infested, violent neighborhoods. These women were concerned about their neighborhoods and the influence that they might have on their children. In addition to the violent and unsafe neighborhoods that concerned the women, participants spoke about the stress of their unstable and inadequate housing. Many of the recipients had one year temporary housing vouchers or other patched together living arrangements. Many were trying to get Section 8 housing. They said it is hard to work when you are not sure where you will wind up living. They conveyed that a stable, long term living situation, preferably in a safe neighborhood, is

essential to finding and holding employment. One year alternatives keep these women on the edge of homelessness.

As they identified housing needs, the women said:

Housing is like a big thing. If Section 8 isn't taking any applications for people, then where do you go? What do you do? I mean how can you go to school if you don't have adequate housing? I mean how can you go to work if you don't have adequate housing, I mean housing is the big thing.

I'm going to tell you something else that was real stupid. When they had the thing where they would pay for your housing for one year and you go and find some place and they pay for it for one year and after that one year they cut you off. They always stick you in a house that costs way over the supplement that you are making. Then you had to pay your own utilities.

If they are doing all that (child care, transportation, health insurance), what boils down from this whole thing is still the housing. It's still because the housing right there, is going to be the biggest thing of all this. How can you feel stable within yourself if somewhere down the line you're not going to have housing for your family. It breaks down the whole stability of everything you've worked for.

They need to give us some housing where we can feel secure. I think that's a #1 priority. Housing will make single mother—give us a start and we can be secure and know that our family's secure.

Stability. How can you live day-to-day thinking you're going to be put out on the street? The stress of it is overwhelming to the children and the parents.

I went to the mayor's office and when I went and expressed to him that I was homeless, and the point of subsidized housing is subsidized from low income rent. He gave me a list and I went through ever one to put in an application and it did not work.

Section 8 or housing, because if you're making \$5.05 an hour, even if you are getting Medicaid and child care, you still can't put a roof over your head.

Your throwing up all these \$120,000.00 homes. Why can't you throw up some homes for low income people? We would like to own a home too, and stop renting off of people. We can't get those loans to buy those homes, because we can't afford to pay those mortgages. So housing is real, I mean

housing not just getting housing, but getting something you can actually purchase.

One other thing, you know your place is stable, everything will be OK. You know your kids are stabilized and won't be kicked out the next day.

Somewhere quiet and peaceful that doesn't have drugs all around. Not so much quiet and peaceful, just that there's not so much drugs around. I mean cops are always going to be around, you'll feel safer. You never know what's going to happen where I live at. Somebody got killed on the second floor. People getting robbed. I have a baby. I'm scared.

Indeed, several of the women stated that, if they had housing, they could manage the rest.

Women Need Transportation

The need for transportation is centered around the expense, the feasibility of taking small children on public transportation, and the mismatch between the transportation routes, the job locations, and where the women lived. As can be expected, women from rural areas see transportation as a greater need. The issue of transportation goes beyond reliable transport and its expense. It also includes the burden of taking children on buses, leaving children alone for short periods as they, the mothers, have to leave early enough to get to work on time, and the amount of time that taking public transportation can take.

The expenses of both public transportation and car ownership were discussed. Cars are an unimaginable luxury to most participants who are aware of the multiple expenses of maintaining a car.

Yeah 'cause you have your other costs too. Your insurance, registration, maintenance on (the) vehicle and gas so it does add up. These are costs nobody really considers when it comes to this.

For the most part, they felt a car is out of reach.

Right, yeah. And you can't afford a car. And if you can afford a car, you can't afford the insurance. So it doesn't matter, you know.

Even without a car, the expenses of public transportation can pose significant hardships on the recipients. The daily expense of carfare can quickly become unaffordable. Added to these financial considerations, are limited transportation routes, and poor schedules.

As several participants report:

I do. An you know, it's not even worth it for me to catch a bus to come here. I could walk here quicker than I could get to the bus stop. And we don't have cars.

If you don't have a car: accessible to public transportation. Make sure the transportation's nearby, if you don't have a car, or if you just don't feel like driving, at least you have options.

I can't see waking my kids up 4 o'clock in the morning to catch no bus. But what I'm saying to you is I have a car and, if Christie Whitman gets her way, I won't be able to drive my car and I'm not getting my kids up 4 o'clock in the morning to catch one bus from Woodbury somewhere to get to the day care and then go back to Woodbury to get to work.

But you need your transportation cause if you got kids you can not ride that bus.

Aren't you allowed to have a car that's \$2,500.00 or did they bump that up? Does anybody know? It used to be you can have a \$2,500.00 car and that's what you're allowed to have. My \$2,500.00 car actually my \$500.00 car got me \$2,000.00 in debt. Cause, that I owe to go to... county college. So, having a cheap, little car is not always the best way to go. I'm not in debt, but I had to take out a loan to take care of my car or else there's no way I'm going to get up on the bus and make it all the way back to the school on a college schedule. There's just no way.

While seemingly minor concerns in and of themselves, the addition of these realities to the responsibilities of child care and work add substantial time demands to these women's lives with which most workers do not contend.

Women Need Education and Job Training that Matches Market Needs

Most of the focus group participants felt that if you get your education, you can qualify for a job that will support a family. The women, however, are concerned about the possibility of pursuing an education, while working or participating in the newly required work activities. Yet, most feel that without, at a minimum, training, they cannot be employed at a living wage. The training needs that they identified ranged from basic literacy skills to assistance with job placement.

In the area of basic skills, the participants need basic academic literacy and they need assistance in finding and developing a career focus. The women state that their experiences in school did not provide them with competencies in reading,

basic knowledge, much less vocational abilities or skills. Thus, many fear that their lack of basic literacy will compromise their ability to work. Many women express the concern: *What about the people who are illiterate though what they going to do with them?*

No, I just wanted to say if you don't know nothing, you don't know nothing, you don't know no job skills or go to school. They're going to cut you off of welfare right.

Help some of the people that, like real slowly functioning, and work with them. You know, to build a confidence and self-esteem up.

I slipped right on through my high school and they probably would have gave me a diploma if I would have stayed around for the diploma. You know I needed 5 credits to graduate and I left. I wasn't even there at 12th grade level, I don't think I was anyway. Actually I'm not going to let the system discourage me as far as when it come to my kids. I'm just not.

They would not send me to school. They need to some how have guidelines on that. I've worked for law firms in the legal department. And in the accounting department since I've been out of high school, but I don't have the paper (a GED). And since I was laid off, it was like, "You don't have it, sorry. This person does. You're not hired."

These women also recognized that they need assistance in understanding where they stand academically. Recognizing and owning their skill levels was seen as a first step toward building self-esteem and the confidence to implement a career plan.

But that doesn't necessarily guarantee that when you were in high school that you were ready to make a decision about anything because now that I'm, well, I just turned 35. I found that now that I'm 35, I know that it's time. I feel more settled now. I know that it took me to get here, but it really does take time. The time to know, learn what you want to do.

Women Need Training and Education

These women had a strong belief in the benefits of training and education. As illustrated in the following comments, the participants recognized the necessity of credentials and the relationship of a degree or certificate to self-sufficiency. Understanding the value of education underscored the women's need to find and finance training opportunities. But as one woman pointed out,

Some schools, its a two year waiting period. I went to Rutgers; it was two years. I went to Essex County; it was two years.

The women need training that addresses their personal, vocational interest. Moreover, programs must be flexible enough to accommodate work or work activity requirements. Following that, "finding ways to get money to go to school" was crucially important to these welfare recipients.

Unless you have that piece of paper saying you're a certified plumber or certified electrician or certified something, your not going to get above anything. Your not going to make the cost of living wage. So you're going to keep seeing me over and over again, every time I lose my job I'm going to keep coming back.

Kind of educational program so when you do get a job that does have some benefits.

For me its.. getting some help as far as educating myself because I feel like I'm pretty intelligent person. Fairly intelligent anyway. I just want to get a job, a decent job to take care of my children that's all that I want.

For five days a week. And if you go from nine till one every day and then you've got to go to training after that. Okay, or to school after that. Can this be done? Are there classes available at the hours that you will need them?

For women who had been through training and had worked, there was a sense that they cannot keep up with the skill demands of a rapidly changing, technologically driven job market. As one woman commented,

It's like the skills they're giving you, you always need more. You need more skills than what they're giving because it's not enough to (get into the) work force for a lot of things.

One is given the impression, that every time these women reach the training bar, it is raised to a higher level. They can never catch up. Participants also mentioned their need for basic training in behaviors of the work environment. In some cases this includes assistance in dealing with discrimination and other oppressive behavior.

Well over here, they teach us how to behave in the job and how to treat other people. I think all the people who get these jobs, should be trained before they get the jobs. Get some sensitivity training.

Women Need On-The-Job Options

Some participants prefer an on-the-job training experience to education or training opportunities. These women understand the realities of the labor market, and want opportunities that will result in stable employment at a living wage.

Yeah, that's what I was gonna say. It's a, they have programs that you can work with a company and then that company hire you right then and there. You can be a trainee.

I went to High School, and all I took were college prep courses, and I went to college and I was bored, and I dropped out. I went to college again, and, no offense, but I think college is for people who have time. We need training programs to get us into the work force. And not something that we're just gonna, you know, putts around, and make five dollars an hour.

Some women report that the work experience programs are often exploitive. They are not given preference for these jobs when there are openings. Other women find them useful stepping stones to enter the job market. The work experiences themselves may not be tailored to recipients' training, background, and abilities. Indeed, they may not even provide on-the-job training in useful skills. One person asked, "If Work First can provide CWEP, why can't they provide a job?"

Women Need Support With Finding Work

In addition to the need for vocation skills or employment training opportunities, the participants wanted connections to employment opportunities. Many recognize that they were at a disadvantage when searching for employment, and feel that services that linked them with employers would be helpful. Some need intensive one-to-one employment matching, while others felt that current information on job openings would be sufficient. The latter group recognize that getting a job often depends on who one knows. They express a need for introductions to employment networks; not just job descriptions, but personal contacts. Even for the more skilled and connected, finding work still depends on who you know. It was mentioned that current employment services do not always provide accurate or up to date information.

There's all kinds of classes there. Classes. Parenthood. Unemployment. I done went through life skills, parenting anonymous, a regular support group, employment training. I went through it all. And I still didn't get nowhere.

Okay, so some kind of counseling or something or maybe even a group where you got to see what the different educational opportunities are or where the different job opportunities are.

Participant: Or a list of company's that are hiring, to let people know.

Interviewer: That's a good idea to do that, to make sure people know.

Participant: Yeah, to let us know who wants us. That way we'll know where to go.

Interviewer: We're suggesting some kind of job fair, perhaps, so that you can come in and actually meet an employer.

Participant: Well you know we don't want to have to walk around with a name tag, "Welfare recipient"

Participant: Exactly, I just want to tell you, you have a secretary position, I have a certificate, I want a job.

But there needs to be something built in more flexible.

Training is not enough. Education and vocational training, although necessary, is not sufficient to ensure employment and self-sufficiency. Most of the participants had been through various training programs yet had not been able to sustain employment that adequately supports them and their families. Sometimes this related to the expenses of work and the lack of benefits, or problems with child care arrangements. In many cases, there was a mismatch between the training given, the available job opportunities, and even the personal interest of the recipients. The hassles of training, working, and raising children were multiplied because of limited support systems.

These women are single parents. This fact can not be emphasized enough, and the day-to-day realities of this statement need to be understood fully. They are often the only caretaker for small children. This translates to the complete responsibility for daily maintenance, such as feeding, dressing, bathing and supervision of their children. These tasks can be overwhelming for parents with more secure support systems. Following these responsibilities, these women are the sole breadwinners for their children. For the most part, they have the total responsibility for the families income, purchasing all family necessities, and maintaining the household budget. These responsibilities are complicated by their limited incomes.

Furthermore, the service needs of these women and the structural barriers to self-sufficiency often interact with each other to produce a multiplicative burden. Arranging and juggling the many pieces that must be part of their lives--child care, transportation, employment--can be complicated. A problem in one area can easily disrupt or unravel the precarious schedule that binds these elements

together. Given the enormity of their responsibilities and their limited resources, seemingly minor dislocations can have far reaching effects.

In summary then, the needs that the women have are both personal and structural. Meeting the needs elaborated above and removing barriers to their provision are essential to improving the movement of women from welfare to self-sufficiency.

SECTION FOUR: PARTICULAR BARRIERS AND NEEDS OF SUBSTANCE ABUSERS AND PERSONS IN RECOVERY

A portion of the time during each focus group was spent discussing substance abuse as a barrier to self-sufficiency. Two of the groups were specifically attended by women enrolled in substance abuse treatment programs, and several women in the non-treatment groups openly admitted to difficulties related to drug abuse in their pasts. It was clear that substance abuse affected a majority of the women interviewed, either because of their own use or because of the use of partners, family members, or friends.

The results in this section highlight those concerns that are different between the substance abuse treatment groups and the non-treatment groups, as well as attitudes and opinions held about each other. The primary purpose of the focus group facilitators was to identify how to determine which welfare recipients need substance abuse treatment and to solicit strategies for engaging them in that treatment. This section reports on this, beginning with a discussion of the attitudes toward each other, identification of the strengths of women in recovery, and, finally, the particular barriers and needs faced by persons in recovery.

These voices of women in recovery capture major dilemmas:

The environment has a lot to do with the way that you are. Because there's a lot of degeneration and despair around you and its hard, especially like for me. I have three boys, three black boys you know and the average age for them now is 16. I mean they're all being killed and you know for me to live in a low income apartment in that type of environment I'll be scared everyday cause a lot of kids is selling drugs at 9 and 10 years old you know. I don't want any of my kids to do that.

And I think with that too, if there was something like that out there for us and just for a recovering person if you could go as far as to get it off, I means that the person is recovering you know. You know how can you get a new start if they, you know you're letting go of your past, you go through recovery to get rid of the past from childhood and so forth, so on

and you got to carry that with you for the rest of your life. So you're not really recovering, because when you go look for a job, you got educated, and sometimes they go, okay I can't do it, your past.

The needs of the women who were substance abusers in recovery diverge from those who have never had abuse or addiction problems. Many of the strengths, barriers, and needs detailed in the prior section also apply to substance abusing women in recovery. However, substance abusers do experience additional barriers to self-sufficiency and their needs go beyond those already elaborated. Stable, safe living arrangements, for example, are needed not only because such housing and neighborhoods are desirable for everyone but because they are essential to remaining drug free. Furthermore, substance abusing welfare recipients experience more severe levels of demeaning treatment from the public welfare system, and greater stigma and discrimination when accessing the job market. They feel looked down upon or under suspicion by welfare personnel, by other welfare recipients, and by potential employers.

Attitude of Non-using Recipients toward Those Who Use

Women in the non-treatment groups expressed disdain and outrage that drug using parents collect welfare and do not use the money for their children. Or, even worse, they neglect or abuse their children.

This little girl I know in my area, now that she turned twelve, she's seen her mother get high since she was little. Now the little girl, and my sister said she heard the little girl scream and she said, What's wrong and it was cold and she said "Oh my God, she's got to be on drugs just like her mother." But this is what she saw growing up. She's twelve now, she's on drugs.

That's why the young kids smoking the reefer and doing the drugs, because that's what they see in their home. Even if their mother's not doing it or their father, it's somebody showing them. Oh, this is cool I'll do that. That's why they're so many young boys and girls out there in high school, in grammar school, smoking marijuana and doing whatever.

They commented that substance users encountered at the welfare offices are quite apparent by their "look," and even the workers know who is using. Yet, they believed that workers choose not to take action because they are unwilling to do the work that would be required if the substance use is acknowledged. Their primary concern is for the children of these women, even stating that they are willing to submit to drug testing for all welfare recipients if that will get help for the children of substance abusers. As can be seen in the following dialogue,

those who do not use drugs feel resentful toward those who do, and are supportive of punitive actions.

Participant: *But they shouldn't just try to change the fact that women are receiving public assistance with kids. They should also try to change that. There are also women and men receiving public assistance that's on drugs, and has kids. Because it's not really effecting the person that's on drugs who has kids. It's effecting the kids. I dealt with a lot of kids, hungry, dirty little girls, hair everywhere a mess. I don't think it's right for that child to have to grow up looking like that if your mother is receiving public assistance.*

Participant: *Sometimes DYFS has to look into this matter. I feel that they should not give that money to that parent. Let them put them in a drug rehabilitation. Put that child in foster care where it will be taken care of.*

Participant: *Put that child with a family member. If there's another relative willing to take that child, put them with that relative.*

Participant: *Put the mother or the father in some type of Detox program, and when they finish that program, make them work to better themselves, so they won't have to depend on that drug again.*

Participant: *If you're not going to stay, they won't keep you.*

Participant: *But in the reform, the welfare reform, didn't they say something about allowing you, having the people to take drug tests before they put them on welfare*

Participant: *They're not taking care of their kids. So for those people, you be okay with some kind of drug testing.*

Participant: *Even if they had to test everybody.*

Participant: *I hate to see children who have parents that get high. I mean I seen it happen and that is the most saddest thing to see a child suffer....*

Participant: *You feel like taking their kids from them.*

Part of this attitude may be explained by participants perception that drug users receive more benefits than they did.

As far as like, seems like the people that are dependent on some type of substance, they receive more help.

They get more handouts. Like if they're on drugs and they go to their case worker, well somebody stole my card, I don't have any food, they'll help them out.

If I come in there not an addict, I won't get no help.

You come in with the truth, you can't get nothing. You come in with a lie, they give you anything. I've noticed that.

Yet, despite the anger expressed toward users, non-using welfare recipients revealed flashes of empathy and understanding about the nature of the problem. They are keenly aware of the environmental influences on drug use, and the difficulties in securing treatment services.

Interviewer: ...we have done interviews with people who are in recovery and we're told that if the worker would just sit down and talk to someone that might tell them that they would like to get into treatment. The issue is not that they're... that in a lot of cases, people would like to do something and the help is not there.

Participant: But I read an article the other day that they're pushing it more towards an outpatient. You know, what I'm saying there not...

Participant: Inpatient costs too much. That's why they don't want to carry the bill.

Participant: They don't want to be responsible either.

Participant: You're saying outpatient if this person really has a problem you're pushing them out there. Unless they change in their mind all the old habits that they had and go on to something new.

Participant: Another problem with outpatient is the environment.

Participant: Right, you're right. Back in the situation, you know what I'm saying, you're hanging around the same people I mean. You know, so you have to be a strong person.

The Viewpoint of those in Recovery

Participants that were in recovery are aware of the negative attitudes that others have toward them. They feel more mistreated and demeaned than non-users, and even less helped by the public welfare system. However, they expressed great appreciation for their substance abuse treatment programs.

Be educated also, on not necessarily, it doesn't apply to every type, but the majority it does. Because getting educated on why an addict does what they do, how you become an addict, you know, the whole addict thing. Drug addict, alcoholic, you know. Some people need to be educated on it because, you know, (they) come from different backgrounds. Some people were addicts before they ever took their first drug or drink, you know. So you know they need to be educated, more. Then they'll be more understanding. You know what I'm saying? Some people I know, there is no hope. Then the majority, there is because, you know, I'm right here among them. We see each other changing everyday so it's possible and I

think people need to be a little bit more compassion to the people that are trying, you know.

I also think that a breakdown on the reform you know. All that stuff, that's a lot of women too that's recovering, is not educated. Trying to get educated and a lot of that stuff is like foreign language to us, you know. The terms, a lot of things, you don't know. I think that, like I was saying, the personal type, somebody coming out not reading it word for word, but actually telling you what it is. I think that a lot of women in rehabilitation is reaching out for help and, like I said, some of us is not educated, so if we can know exactly what's facing us. I mean years, don't nobody want to continue you know to live like they're living. They want to better themselves. . . .so if you can explain to us and let us explain it the way we can actual see what's actually facing us, don't nobody actually want to live like that. I think that would be a help too. To break down and actually let them know what's facing them.

Earlier Identification and Provision of Help

When asked what could be done to identify substance users on welfare, suggestions from non-users and users were often similar, and covered a range of responses from just ask to mandatory testing. Three responses to "How would you know that somebody has that type of problem?" given in one group were typical:

You can look at them.

I feel let them take a test.

Mandatory drug testing.

Responses in another group were more fanciful and, perhaps, more punitive:

I've got a good answer, I tell you why. People that are on drugs sell their food stamps to other people if you track down the number on the food stamps you'll know where it's coming from.

Make them do a drug test, make it mandatory blood test.

(Drug Test) And do it the first of the first of the month. (Laughter) Do it the first of the month and you'll rack them in.

They have a new drug test out. The root test it's called. It goes up to a whole year. Have them take a sample as they come in... New people

coming through, new people coming through. First time. That's the whole year either they are or they aren't.

You send them a letter and tell them that we are going to give you a drug screen test. Any addict won't come. First of all Steve's not going to come for (it) or, if he comes, he's going to try and beat it. If a gold seal, a real true addict, they'll say forget about it.

Many women reported that recipients would self-identify, if they trusted that they would not put themselves in jeopardy and that they might get help. They said:

Do a questionnaire. Let them know that it's confidential and to sign the bottom if they need any assistance. Let them know that help is available.

Well, if you put that it is strictly confidential and the information will not go anywhere but here, write at the bottom, they are available to help you.

The substance abusers in recovery were even less clear about what might have identified them earlier or gotten them help sooner. Often, they focused on the negative reactions of workers to them if their substance abuse was revealed. Responses by former substance abusing women on how welfare personnel could identify this substance abuse problem earlier included:

Ask the children... You can ask them is your mom getting high at home? Is your dad? And they'll tell.

You know that's a tough question because I'm sure a lot of women lie. And I know for years women who said, one women said they have another kid just to get more money or claiming they had another kid. Umm and it's probably very difficult for them to find out unless you tell them or unless they ask. That's fine if they know. I don't care if they know I'm an addict or that I'm a recovering addict. Just don't treat me like, you know, don't all of a sudden treat me different now cause you know.

How come they can't get educated on knowing some people's cases. Like they need to take methadone or whatever the case might be. Like they don't just understand. You know why?

The worker needs... education on the addiction. They need to be educated on either whether the addiction or anything else. They need to get. If we're out there to get our information for ourselves, how come they can't do the same for them.

Just cause they got a degree in this or whatever the case might be that doesn't make you, umm, too smart in, umm, what we really need you to know about us. Right.

I think they should have more programs like these, for pregnant women with addiction problem. Like Harriet, she informed me like the program for women. . . .she informed me so single women with addiction trying to get their self together. I got my health and my for my daughter. They should have more programs like that.

If they ask us, we don't mind telling them. It's not like you're going to embarrass us. We wouldn't be here trying get ourselves straight anyway. It's not like we have a big problem speaking our mind about anything.

They should take a urine every, what? Just in case. . . .Yeah, we have a urine here twice a week.

While many recovering women did not support routine urine and drug tests by public welfare authorities, others felt it should be a requirement of the WFNJ/TANF program, particularly if results were used in a helpful manner.

....They would feel violated and disrespected. I'm sorry. Cause some people out there are not using... People should be honest with themselves.

They should put that link in the form. This is what is going to be required of you if you come into this type of program.

If it was required and I like what I saw and what was of what required of what was needed, I'd have no, absolutely no problem, to sit there and say, ok, it can be done. Just let us know the urine day, you know what, or even if it's not.

Opinions About Whether Substance Users Can Be Self-Sufficient If Not Helped

Certainly, a potential barrier to self-sufficiency is untreated substance abuse. There were some differences of opinion about whether someone with a substance abuse problem can become self-sufficient without first receiving treatment. These differences ranged from substance use as a motivation for going to work to major concern about allowing an active substance abuser in the workforce. The participants are concerned that putting substance using welfare recipients in the workforce would reinforce negative stereotypes, increase stigma and decrease their chances with employers. Some participants differentiated between problems with alcohol and with other drugs. Most of the women,

however, felt that substance abusers would be unsuccessful in attempts to attain self-sufficiency unless they were in recovery.

A drug addict and a lot of alcoholics, they'll come to work and work there butts off to get the money to pay for that habit. Alcohol and drugs, a lot of people would come to work and do the job and they'll work better here with their little attitudes and stuff, because they know they want to pay for their habit after 5:00 o'clock. . . . But as an employer that's not your problem once they leave your work place.

Okay, I'm not saying I'm against ya'll on that. If I was an employee I wouldn't want nobody working for me doing that. But as far as a drinking problem, I would hire somebody with a drinking problem as long as they don't drink while they're working in my place. Whatever they're doing in my building is (my) business. I think that's discrimination. Once again if I was an employer, all the alcohol we have, if they're drunk, as long as they can do my job that I'm paying them for, I could care less what they do when they leave my building. That's just the way I feel about it.

First these people have to help themselves. If you see that person has a problem, a lot of jobs require that you take drug test and stuff like that and if they know how that person is, it's on them whether they hire that person or not. That's not their fault, that's up to them, and if they see you've got that type of problem, they should tell you to take care of your first problem and then come back.

But do not give them the money monthly, spend that money on a drug rehabilitation, or alcohol whatever and let them get rehabilitated.

They're not going to be able to handle it.

But you're putting your life in some of these people's hands.

Despite their substance abuse, women in recovery are a varied group with a variety of strengths. Some have a long, successful work history interrupted when their substance use could no longer be controlled.

Woman with a nine year work history: Well I'm due January 8, so I'm gonna wait until I have the baby. I don't know, maybe wait a month or two to make sure I'm situated an uh I'm still doing well in my recovery and then really actually start. I don't know, from what Carol said, I could probably just go and take the test (GED) now, just to see if I passed and then, whatever I don't pass, I can just study for and retake. I can do

that as soon as I can or now, and then, ummm, I'd like to, a couple months after I have the baby, go back to work. I'm able, so why not.

A few were well educated, including at least one women with a college degree and many with associate or professional degrees and certificates. Certainly, one major strength of these women engaged in treatment is that they are in recovery and, like women in the non-treatment groups, they have dreams for themselves: They wanted to become self-sufficient, and to be good parents. They respond to supportive, structured treatment by people in helping facilities. One person in recovery said *If I could put as much energy into my drug use, as I can in finding ways and means for a decent life then I'll be okay.*

Special strengths of women in recovery include learning from the hard lives they've led:

I slipped right on through my high school and they probably would have gave me a diploma if I would have stayed around for the diploma. You know I needed 5 credits to graduate and I left. I wasn't even there at 12th grade level, I don't think I was anyway. Actually I'm not going to let the system discourage me as for as when it come to my kids I'm just not. I can sit around and I can look at everything that's going on but if I focus on everything around me like I've being doing in the past that's kept me out there on the streets getting high and doing shit I was doing, but I'm saying I have to worry about me and mine and do the best that I can possible do and I know I can t do it without my education.

Evidence of their motivation is seen in tenacious use of treatment program help. They help each other comply with house rules that they understand are connected to their recovery. For example, when focus group facilitators inadvertently brought soda with caffeine, one group member pointed out to another that they could not drink it because of the stimulant. In the treatment groups, as in the non-treatment groups, the women freely share factual information and tips about resources, workers, and programs.

Understanding the cues in the environment that lead to further substance abuse is also a strength found in many of the women.

Because when I went to JTPA out here I thought it was a real good program myself, being that I'm here and the first steps was self-esteem then we went on to basic skills. That's when the man came there from Atlantic City, being that I'm an addict I wouldn't get a job in A.C. because that's too much temptation for myself, but, uhm that's where a lot of money is at you know. A lot of money and this guy knew what he was talking about, and he gave us so much information and it wasn't only

about the casinos, it was about the nursing industry and etc. Not everybody has an opportunity to go to JTPA okay. I didn't have to go right yet, because my babies only 1 year old, but I said no, I want to get a head start on this because I know what they're doing with the new laws and stuff, and the changes and stuff that they're doing. Well I want to get a little head start on it.

When questioned about whether they would like to be seen by a knowledgeable substance abuse counselor as part of a welfare evaluation, a typical response was: *"I would say yeah, I would say yes I mean if I... they had the opportunity to do that for me (have a specialized worker that knew about addiction) I'd take it. You know that sounds like an excellent idea. If it's true I wish it really was you know cause then..."*

Children are a major motivation for substance abusers too.

Once you get (discharged), hopefully, I get my daughter back. They placed her in foster care. . . the judge grant me my daughter back (if) I go to . . . (a half-way house.) You there to get yourself together just you by yourself. . . I'm getting myself together now, then when I get my kids back.

There is desire to use their experiences to ensure help for others:

We're going through a lot for us now. So umm I'm trying to better not just for us now but bettering for other people in the future so they don't have to go through this. This is already done now because, when it comes to later, it's going to be so easy for them and the world would be such a better place if, you know, minds would open for something.

Adaptive Defenses

Many women in recovery display a sense of humor as well as hostility. Although unhelpful in the long run, hostility and attitude may be looked upon as a strength in mitigating the negative valuation that a punishing system places on their lives.

If that's possible cause you never know, who walked in our shoes or whatever. I'm just trying for a better future so who ever gets into our predicament they won't have to go through all of this. It's just going to be a nice little easy ride having your cake and eating it too. Exactly, that's how they see what's really funny their not educated, it's funny how we are more educated than they are. So I feel that we should take they're job knowing how we are that much more educated. Because the reasons

why, because one, some of these people been on the streets and if they were in our shoes they would know exactly what our problems is, ok. For some reason, some of these people just don't care. They don't want to know and, you know, like some other people said, that if they see that you where a drug addict or alcoholic or whatever the case, they just put you down because of that... because they weren't and that's wrong, that's not right to do they just really need to be education for us.

You can go right down to the county building and you'll come up with a lot of dirty urine and you'll see and who's not, cause starting with the receptionist, cause them Barbie dolls think your just suppose to sit. I sat out there 45; I sat so long one day 2 months ago, I took a nap, woke up called. She called the case worker again; the case worker was standing over there to the left, you know. Yeah they sit there an do their nails, and coffee, and going off, and your sitting there watching them go about their daily work and their not accomplishing anything.

There is a fine line between the humor and the hostility.

Yeah but they got workers out there that, if they had drug awareness social workers, (it) would benefit quite a few people and, then, like some of the case workers could get help too. (Laughter).

Participant: *And, go up there and apply for welfare they would treat you the same way.*

Interviewer: *And if I tell them I'm in recovery it's going to be worse?*

Participant: *Oh yeah, run it on them. They'll show you how good their going to be with you. Yeah just get real bummy, go up there and apply for welfare. Send each one of you up there. You can't wear make- up.*

Interviewer: *It doesn't matter if I'm white or black?*

Participant: *They don't care who you are. It's no discrimination there. (laughter).*

They do dog you if you're in recovery. You might as well start barking when you hit the door. That's why you can't tell them you're in recovery.

Those in recovery want strict rules and sanctions that punish backsliding. For example, if caught using, they would expect to get kicked out of their housing.

I don't know if it's here in Jersey yet, but in Delaware, for women that have low income apartments, if her child or anyone that lives in that household is caught selling drugs, you're automatically kicked out. One strike and you're out. I think that's good. And I think that maybe if they can clean up some of them projects, whatever it takes to clean out some of

them places and try to make them a better place for people to live, people will be more motivated to do better, you know. I don't understand why projects become projects.

At the same time as strengths are recognized, it must also be noted that there are often greater deficits in the treatment group members than in other groups. Some deficits like meager clothing, particularly work wardrobes, and other basic necessities, may be easily addressed. On the other hand, lack of confidence, work and training experiences, education, and information about what to expect may be more difficult. In sum, substance abusing recipients appear ready to take advantage of treatment and to use the kind of information and supports that will aid them in getting their lives together, however, they may have a longer, more complicated path ahead of them.

Special Need for Information and Help

Participants in a rural, residential treatment center felt especially isolated and out of the information loop. Their knowledge of welfare reform was more sketchy than that of other groups, including the urban, outpatient treatment group.

The way it is if you don't know somebody in the system, they don't let you know what can be done for you. You know, like for me, I know a few people and a lot of stuff has been happening for me good, but only because I've been doing something for myself. Showing them something for them to do, something for me. But before that, they wouldn't dare even let me know. I would have not known a lot of different things that I do know that I could get that, no not suppose to but we don't know about it unless I go downstairs in the DYFS building too. I don't know what that place is for welfare people, but you go downstairs and they have all these different pamphlets down there and they tell you about everything that welfare can provide for you other than just a welfare grant. Those little NJ letter things, they don't have those at the welfare office, those are only when you go downstairs and you have a fair hearing and you need to talk to a lawyer.

I also think that a breakdown on the reform you know. All that stuff that's a lot of women too that's recovering, is not educated, trying to get educated and a lot of that stuff is like foreign language to us you know. The terms, a lot of things you don't know. I think that like I was saying the personal type, somebody coming out not reading it word for word, but actually telling you what it is. I think that a lot of women in rehabilitation is reaching out for help and like I said some of us is not educated, so if we can know exactly what's facing us, I mean years, don't

nobody want to continue you know to live like they're living. They want to better themselves. (Couldn't understand) all the men that are in rehabilitation places, so if you can explain to us and let us explain it the way we can actual see what's actually facing us, don't nobody actually want to live like that. I think that would be a help too. To break down and actually let them know what's facing them.

The Stigma of Drug Abuse Prevents Identification and the Offer of Help

Just as was evident with non-using participants, recovering participants see welfare personnel as insensitive. Reportedly, workers are even more rude and disrespectful when they encounter a substance abusing recipient.

Participant: Another thing, when you tell them your been on drugs, they will look at you like forget it. They look at you like you're the lowest person in the world and when they tell you, alight when you tell them that, Oh well I don't think we should give you this cause you might use it on drugs. They don't give you a chance to come out and tell your story or anything. They just think you a bad person and you're a prostitute, or whatever. And that's not right.

Interviewer: Do they respect you more if you tell them your recovering?

Participant: I don't think so, they would still think she maybe relapsing.

Participant: I told them a month ago they still looked at me like I was crazy.

You know what I think, I think the social worker at welfare, the one who give them the work they should tell them who ever they get as a person order, you should tell them, inform them about what they have to do: Don't look down on people that use drugs and, you know, give us more information on what we need... And tell us what we can do to better ourselves. Cause if we don't know, how are we going to better ourselves?

But you have to go up there and kiss their behind 'cause it's all about those workers. I've seen a worker out in Middlesex County just absolutely go off on this women. So what this women got a little loud, so what you know she's on drugs. Is it everybody business out there in that waiting room? She just came out and called her a junky bitch. Now that was uncalled for.

Yeah, you never tell them you're an addict, you're a recovering addict. Don't be so honest.

Worker Knowledge about Substance Abuse

Workers are not always sophisticated in their ability to identify substance users nor do they know what to do once substance abuse is suspected. Non-users feel that welfare personnel ignore drug use because it requires too much work to respond appropriately. It is equally true that needs are overwhelming and resources are meager. Workers may be overwhelmed by large caseloads and demands for help that they cannot meet.

It's either residential or nonresidential. You know, it's all depending where that person is living they should give an option whether you want residential or nonresidential. Don't take it upon yourself, give us a choice you know

Another thing about the residential thing, most of them just take single women and that's not right for the women that have children.

I'm going to be honest with you. A few years back when welfare sent me to court in Trenton about the housing situation, so when I went in there I was like to the judge. Her statement was I was on drugs and alcohol and they were not going to help me with my housing anymore. The judge asked me was that true and I said to her if you knew she was on drugs and alcohol why didn't you refer her to an agency to get help? So I won and they had to give me rent free for 6 months. I sat on the that 6 months of free rent and still continued on that same path that I was continuing. . . She let me hang myself, give me the 6 months and still let myself hang myself so that I depleted my housing funds which I could not get anymore housing in (the) county.

Both treatment and non-treatment group members felt that, often times, women want help but don't know where or how to begin. Women in treatment have varying ideas about help that might be given them. Workers should have a directory of treatment services. They felt that workers ignored cues. However, many felt that a woman would be honest if asked if she had a substance abuse problem. Yet, recovering participants indicated how hard it was to take help and use it well.

If they think that the person is a drug (user), the case worker themselves should call DYFS up and send them in there for that child anyway. If they see this person is a drug addict, why do they keep giving them money knowing that's only going to feed the habit.

Participant: I feel like the case workers when they come in, they can see. I think downstairs some of these people are high. You're not going to tell

me they're on medication. Some of these people are high, they're on illegal drugs. These case workers need to see this and report it.

Participant: No, they see it, they don't care.

Interviewer: Do they know what they're seeing?

Participant: Yeah, they know what they're seeing.

Participant: They live out here too.

Participant: They standing up and they like this and you just sitting there waiting for them to hit the floor, and they don't never hit the floor. That's the funniest part.

Interviewer: Anyone feel really negative to drug screens?

Participant: They can test me anytime I won't mind because I know I'm not on no drugs, but then again I may. Hey, we only want them to get the test because we feel that we don't want them to spend their money on their habits. I think if you're taking drugs that's your business. As far as testing them for drugs to see if they're going to spend their welfare money on the drugs instead of the child. Yeah, I truly think what you do is your business. That's why some people are against it, because they feel what I do is my business. If I want to take drugs I can take drugs.

Participant: But in reality that money is given to you to support that child, to feed that child. It's not given to you to support that drug habit.

Participant: I understand that like me. Your money is suppose to be for your child. I buy my daughter everything she needs, if it's some change, I'm going to spend it on myself.

The primary focus of substance abuse treatment is on breaking the hold of addiction and maintaining sobriety. While respecting the primacy of this focus, many substance abuse programs, particularly residential ones, do not take advantage of the relatively long-term contact of those in treatment. Attention to imparting information, obtaining stable housing before client's leave, work on identifying educational and work aspirations, beginning skill training, and so on, often do not occur.

Obstacles to New Beginnings

As these women move through recovery, programs attempt to patch together support services. In many cases, follow-up is inadequate and support services unavailable. Limited alternatives and glitches in support systems leave vulnerable women beginning recovery with essential needs that are not met. These women are subject to the fear and stress that contributed to their addiction in the first place, and it makes them more prone to relapse.

The number one thing for me especially, like being in this program, if I could get some type of trade or some type of education while I'm here and also housing. Housing is like a big thing if Section 8 isn't taking any applications for people that need that. To be on Section 8 then where do you go, what do you do? I mean how can you go to school if you don't have adequate housing? I mean how can you go to work if you don't have adequate housing, I mean housing is the big thing

I mean we start school while we're here, but one girl that was here, she didn't leave. She was here for about 15 - 16 months. She was waiting for her housing and everything to be completed, and you know the housing is the biggest thing. If I could get affordable housing, you know. Being a single parent, you know, their father's not here even though welfare is going after the fathers for child support. But still you know I've got to look as far as them not being a man in my home and me being the sole provider. Then it's hard. Day care, doctor visits and all that other stuff and still try to maintain at least a 8 hour a day job.

For me I think that uhm, well leaving this program, that housing will be a top priority, but that, I think that too you know. That the Section 8 program, my personal opinion is that it has been set up like, almost like a life time thing. I think for women that's trying to rehabilitate themselves, I think the program should be limited to the amount of time. Because the second thing on my list would be education, you know what I'm saying because I wouldn't want to live in low income housing for the rest of my life. I think I would need secure housing to get my education to further my education and taking it from there, if I take care of my education I'll be able to take care of myself and my kid and take.

They also have to watch where the location of it can be cause some people can't drive so far away to get to the location of those programs, where they want to send you, you know. I agree with her you know. What she said it's just also the location of where are they gonna put it.

Several other areas were highlighted by participants. Often, substance abusers are barred from holding many jobs because they have criminal records related to their drug use or because they cannot explain their long absence from the work force while they remained in a residential drug rehabilitation program. Despite recovery, it is often impossible to have a new start. Past criminal convictions, loss of voting rights, and dilemmas about how to account for time in rehabilitation, limit opportunities. Guilt and shame about these issues further complicate their movement to self-sufficiency. As the participants reminded the facilitators, they have a past, and in many cases it will not go away.

Recovering participants want to truly make a fresh start. They may have special needs, such as dealing with a criminal record, that must be addressed.

Like with a lot of recovery women when we come into the program and we start to get our like you know. We bring our past with us and like a part of my past is that I've had some felony charges and in order for me to get in certain fields, I can't have that on my record. I mean it's like you know, certain things, certain jobs that you can't get, they won't have you because of that no matter how many years it's been since you've committed the felony you know. You're just out of luck.

I can't vote because I'm a felon.

They need the ability to clean their records after a proven period of recovery so that the following does not occur: *It drags you back to where you were even though you're not there anymore.*

In order that opportunities for living a useful life are not unnecessarily cut off, thought must be given to the women's concern about their legal status.

That's just like at one point in time, I wanted to be a registered nurse or LPN, and I was going to rehab but they wouldn't pay for my schooling because they knew that I had that on my record. A felony offense on my record and it had to do with possession, so they wouldn't give me the money to go to school in that field, because you had to take a test to get your license.

Not just drugs, other things, I think the biggest offenses that wouldn't be expunged would be you know abusing a child. Sexually and uh... murder or something like that can't be expunged. Some thefts and shoplifting and those kinds. Drug charges and stuff can be expunged and it cost like a thousand dollars, but if your goal is to get to where you want to go, then you'll do what you go to do to get it expunged.

We need some sort of forgiveness program or somebody to give you the thousand dollars so that you can get it expunged.

Special Obstacles and Needs Related to Housing

Interviewer: *Your house, where you live is stable? Do you all have housing that you feel comfortable with that is good for you and your kids?*

Participant: *No, where I live at drugs, drugs a lot of drugs around.*

Interviewer: *So what would you need in the way of housing?*

Participant: Somewhere quiet and peaceful that doesn't have drugs all around. Not so much quiet and peaceful just that there's not so much drugs around. I mean cops are always going to be around you'll feel safer. You never know what's going to happen where I live at. Somebody got killed on the second floor. People getting robbed. I mean I have a baby I'm scared.

The requirement for clean, safe housing is even more important for a person in recovery. To stay clean, the most essential factor is the community. In the words of one woman: *The environment is definitely # 1.* To avoid the stress and cues that lead to relapse, these women need clean, safe housing.

Special Obstacles and Needs Related to Transportation

Transportation is an issue once in recovery just as it is for any other working mother in the process of becoming self-sufficient. Occasionally, specific treatment requires the ability to get to particular treatment agencies. This need becomes particularly acute for recipients who live in rural areas.

Right, I've been in the work force for 9 years and now... you know I had to get on welfare and they're going to make me feel like shit because right at this moment they have a job and I don't. I didn't plan on this happening. Nobody.. we I grew up didn't want to be a drug addict. I didn't plan to have a baby. You know like so the women, you know she wasn't my worker it was for transportation. So she has to call here and she has to call New Brunswick counseling to find out if I really am she goes I believe but my supervisor... it's so much money it's like 54 dollars each way cause I live so far away and her supervisor is flipping out over this. It's over 100 dollars a day for my transportation if I was paying for it. So he was like why don't you go to such and such medical it's closer so I had to go through this over and over again so, I said I've already gone to such and such medical and they want me to go to Saint Peters, and they want me to, you know, so he says this has got to stop. uhh. I'm sorry I can't stop taking my methadone. I can't until I have the baby. So they're not, some of them are very caring to your situation because they don't know all the facts, you know and they think cause they have a little bit of college background they think they know it all they think they know more than me, but they have no common sense. I'd rather deal with someone with common sense then who has college. A lot of people don't have common sense. They don't.

Need for Information

Women in recovery need even more personalized and specific information. They are easiest to reach while in their recovery programs.

I totally agree with her, because not necessarily. Say you've been in programs, say they got workshops here which happens to be free, it's a lot of information out there that's available to us, but women of our type of women rehabilitating women. Women that's been abused to where we are. We need just like you guys coming out today, we need more of that. Like we need somebody to come out more frequently. More of something that's right there in front of you.

Right, to make the effort you know, we need to motivate us because we're so use to one set, we need more on hands people coming out up close and personal type of setting, because there's workshops every where, but we're not motivated enough to go.

Well since before this, now that I'm being rehabilitating, me personally my mind is clear, my thoughts are clear and I know where I want to go, but sometimes you don't know how to get started and I just need somebody to come out and basically show me which way to go and show me what I have and I'll get down, that's what works for me. You know that's all I need. I know where I want to go now, I need somebody to tell me what's available to me and I'll go for it.

And I think with that too, if there was something like that out there for us and just for a recovering person if you could go as far as to get it off, I means that the person is recovering you know. You know how can you get a new start if they, you know you're letting go of your past, you go through recovery to get rid of the past from childhood and so forth, so on and you got to carry that with you for the rest of your life. So you're not really recovering, because when you go look for a job, you got educated, and something they go, okay I can't do it, your past.

They need ongoing therapeutic support.

Therapy. (About addiction issues?) A lot of issues. We have more than just addiction issues. A lot of us, most of us. I think that in a years' time, its not enough time. We need to continue with counseling, family counseling. (So, the long term work on your own issues?) Yes, until you're released by a certified somebody saying, Well, this person can really function and go on now. But if you happen to like be on Medicaid, you can go to a mental health clinic and get like they give you a certain

amount of visits that you can have per year. So they already got that. I mean you're not going to be able to go every week.

I want therapy... I'm not saying surface stuff. How to keep, but will get the basic stuff, things in here. A lot of people have a lot of deep rooted issues that can always take them back to where they come from so therapy is important.

Social supports are also needed. The women in residential treatment were poignant in their requests for somebody who cares. Where this caring came from was different for each woman. One woman stated several times that she had twins, finally stating, *I've got twin sons. I need somebody to stop by and see how they're doing and give me a hand.* Another member of the group responded, *I'll come see you.* Some said that going to the meetings (12-Step Programs) gave this support.

For me I think that I need to know where somebody is available to me. Where I can get to them when, not when there's a crisis and you're getting a recording or you need some on hands people you know what I'm saying. That you can be available no, I wouldn't want nobody knocking on my door personally.

But for me the meeting would be for me. My sponsor and my support group that way and the therapy and whatever. I can use the time that Medicaid allows me to use. As far as the mental health thing. But if ya'll help me with some housing I can take it from there.

You can share it at a meeting. Because most of us are going to have to go to NA/AA meetings for the rest of our lives anyway. So you can share it in a room. A lot of information you can get from people in the AA meetings

The struggles of recovery are difficult. They become impossible when women and their children return to an unchanged environment. Return to a violent, drug-infested neighborhood guarantees human and fiscal waste.

DISCUSSION

The Women: Work and Self-sufficiency

Many of the women interviewed in the focus groups are the single parent, head of their households. These women are amenable to work and to being self-sufficient. Indeed, in the non-treatment groups, many were already engaged in training, educational programs, and work activities. Those who appeared to be farthest along in their quest for self-sufficiency were in settings where agency programs provided comprehensive support and where there were particularly encouraging workers who enhanced self-esteem and helped recipients in such ways as making connections with mentors.

On the whole, the women are talented and capable: they are pragmatic and, at times, creative in the kinds of work they would like to do. Like the experts who critique welfare reform, the women voice grave doubts about the number and kinds of jobs available to them. They know that minimum wage jobs will not enable them to support themselves and their children. They are aware that the part-time nature of much of the work available to them does not carry benefits or cover child care and other costs related to working. They have experienced being denied benefits because of less than full-time employment and being dismissed after probationary periods when their work was satisfactory.

Devotion to children and child rearing raised many concerns for the women ranging from decreased availability to their children to fears about the safety and development of their children while in child care. Quality of care issues were raised primarily in terms of ensuring children's safety, and minimizing negative influences. The women had many worries about screening child care providers, about the differences between in-home care and center-based programs, and about sufficient flexibility to meet the demands of alternative work schedules, sick children, and school holidays. While they wanted good experiences for their children, they did not appear to be sophisticated consumers.

Participants generally had a variety of fears related to entering the work force. Some of these fears also related to poor housing in violence prone environments. Secondarily, many of the women expressed fears related to lack of training, lack of experience, and prejudice against them. Many felt that the past stood in the way of a substantially different future. Yet, all of the women have dreams for themselves. Each focus group participant was asked what job they would choose if they could do whatever they wanted. Many were realistic in their choices. Few had high aspirations. Some were clever and inventive. All but one participant had minimal expectations about what they would earn although they certainly hoped to get by on their own.

Women in Substance Abuse Treatment

There were identifiable differences between the women in treatment focus groups and those in the other groups in their sense of entitlement, their degree of anger, despair, and the depth of their fears. Their fund of information about welfare reform and its work requirements also was appreciably lower. Women recovering from substance abuse evidenced a poignantly lower sense of self-efficacy and greater passivity which was heard through their greater expectation of being handed supports and their focus on forces outside of themselves. They also appeared to be less knowledgeable about community resources and, in many cases, were returning to communities some distance from their program. Despite entry into recovery, they are less able to make a new beginning.

While women in recovery appeared to be more stigmatized, less immediately capable, and more isolated than other women, they also had their dreams about work and self-sufficiency. Moreover, they had unique concerns which preclude their employment in many sectors despite their hard work in rehabilitating themselves. A criminal record related to drug use (possession or theft) excluded them from many jobs and training programs. Others questioned how to explain the hole in their work history after an extended recovery period in residential treatment. Returning to sub-standard housing was yet another particular concern for these women. The prevalence of drugs and violence in their neighborhoods are potent triggers for relapse, as well as, threats to the safety and well-being of their children. While some of the women in recovery stated that, when they were ready to be helped, the system met them half-way, most felt even more neglected and ill-treated by it than women in the non-treatment groups.

Although it is not possible to generalize because of the small, purposive sample of those chosen to participate in the focus groups, people who had spent the least amount of time on welfare or who were in family development programs, were more clearly hopeful and determined about their future. They more readily saw opportunities rather than roadblocks in the welfare reform initiatives. A critical impression derived from meeting with the 58 women in the seven groups was their many strengths, especially their desire for a better life for themselves and their children. Their similarities and differences were also striking. A complex continuum of readiness for self-sufficiency emerged as each woman's needs, concerns, and recommendations were heard. Certainly, it is essential to understand where each woman is on this continuum both as an individual and as part of a cohort sharing similar circumstances. For effectiveness as well as efficiency, everyone will not need to be, nor can they be, addressed in the same way.

The System

Indeed, in each group, women voiced motivation to change their lives. No one wanted to be on welfare nor had they planned to end up as welfare mothers. As the women reported the extremes they had to go through to negotiate the public welfare system, it became apparent that they possessed a tremendous amount of energy, skill, and effort that was misdirected. Their survival skills could be put to better purpose in achieving self-sufficiency. They often shared, during the course of the focus groups, clever problem solving strategies for working with difficult authority figures, and their anger management, assertiveness, and other techniques that can serve them well in the job market.

All of the women need better information about what welfare reform will mean to them. Currently, welfare recipients perceive an us and them split between the public welfare system personnel and themselves. This was particularly true regarding public welfare caseworkers. Focus group participants almost universally expressed experiences with workers treating them badly, which added to their feelings of stigmatization and oppression. These experiences provoked an attitude in recipients that further exacerbated this worker-client strain. Coming into the welfare office made many feel threatened rather than helped, misinformed rather than informed.

Training in people and communication skills along with some streamlining of the bureaucracy are essential. Problems that were cited included constant changes in workers; wasted trips to the welfare office; delayed transportation payments for those in training or in a CWEP; brief reviews with uninterested workers; the impossibility of making human telephone contact; and generally rude and disrespectful treatment. Just the offer of an individual appointment rather than a blanket appointment for 9 a.m. to everyone would create a different dynamic more akin to the work environment. Many participants expressed longing for a worker who would take an interest in them as a person, spend a little time with them, and get to know them, their needs and desires.

Changing the culture of the public welfare system will be difficult. Initially, steps must be taken to change the perception of the system as an enemy in order to create partnerships between caseworkers and recipients. Ideally, caseworkers need to develop sensitivity through training about the hardships welfare mothers undergo. They need to be able to communicate that sensitivity to develop rapport with each recipient to begin a partnership that includes recipient input and responds to recipient's specific circumstances.

Another way to signal a change in the welfare system is to make it a work system with offices that are employment agencies rather than public assistance offices. These agencies might contain professional looking materials about

careers, career paths, and resources for achieving self-sufficiency. As with head hunters interviewing valuable human capital for placement in a desirable job, WFNJ/TANF personnel should be able to convey that they too are professionals with important objectives and valuable options for their recipients.

As partnerships are established, workers must realize that welfare recipients are not a homogeneous group. Their needs and strengths cover a wide continuum which means that, in some cases, a little support and direction may be adequate for reaching self-sufficiency; in other cases, a comprehensive treatment plan will be required. Training that develops this rapport, the ability to identify recipient strengths and work from them to assess where they are on this continuum should reduce worker burn-out while providing more effective strategies for reaching self-sufficiency.

Offering a partnership does not mean recipients cannot be held to the standard of achieving self-sufficiency. A strict, but caring program seems to work best:

In here the staff person care for you, is like your own family, they listen to you, they give advice, they give you love. I never felt this way. I feel like this is my family... These people are great... Without them, I wouldn't make it.

Many needs were mentioned that are anticipated by WFNJ/TANF program designers: education, training, transportation, child care, health insurance, and housing. However, each of these support areas must be tailored to individual strengths and needs. Some women asked for aptitude and achievement testing; others, for ways to learn about fields of work that were growing areas of opportunity; and for coaching or other services to help them maintain work. Some women's needs were as basic as literacy help in order to pass a driving test or guidance for obtaining appropriate clothing for a job interview. Some women may need subsidized child care for a period longer than other women. Some may need greater allowances (disregards) or they may need it over a longer period of time. The necessity of individualizing recipient choices and paths surfaced as a key means to empowering self-sufficiency and maintaining employment.

WFNJ/TANF must take into account that, without subsidies, \$5.05/hour will be inadequate for paying rent, food, child care and other expenses. The job market may be the largest barrier to welfare reform success. Incentives and alternatives rather than this discouraging reality are necessary. Perhaps the limited number of pathways being discussed as a means to self-sufficiency is a piece of this economic barrier. While it became clear in these interviews that each individual has their own journey to self-sufficiency and must be assisted on an individual basis, a major component of success will be economic resources to intervene in the multiple psychosocial dilemmas encountered by women on welfare and the

will to confront the structural barriers within the public welfare system. Adequately funding WFNJ/TANF and reinvesting savings in it during its early years will be essential. Hagen & Davis (1996) found that a requirement for successful JOBS programs were manageable case loads, sufficient funds for human capital investment, and the associated child care services. It will be penny-wise and pound foolish to maintain a mandatory emphasis on quick entry into the labor force rather than longer term education, training, and meaningful participation in work activities. Paying attention through contingency analysis to the antecedents and consequences of joining the work force (Opulante and Mattiani, 1997, 124) and monitoring program successes and failures will be essential.

RECOMMENDATIONS

These recommendations move from an overall strategy suggested by the data to specific strategies determined by the researchers as a result of the findings. Specific ideas contributed by the participants are identified in appropriate sections.

SECTION ONE: LEVELS OF INTERVENTION AND CARE SERVICES

Welfare recipients are not a homogeneous group and no one approach will work for all. There are a range of strengths and needs that each individual brings to the process of becoming fully self-sufficient. The focus groups made it clear that some women will need only minimal support, perhaps child care subsidies, health insurance, and transportation assistance, while others will require an intensive habilitation process. To most efficiently and effectively administer Work First New Jersey, assessing and matching recipients to an appropriate level of care will be an important first step. Based on focus group responses that identified both a range of strengths and deficits that will need to be addressed, we propose four levels of intervention and care services. In this section, the four conceptual levels will be defined along with proposed differences in service needs. For each level, profiles that express these similarities and differences between recipients may be further developed and refined as experience is gained in working with the women under WFNJ/TANF. This conceptualization lends itself to a comprehensive assessment process and the design of treatment pathways.

Level One Intervention and Care Services

Women who are assessed to be at this level should need minimal emotional support and basic benefits such as flexible child care, health insurance, and transportation assistance to gain employment. Given these supports, the women at this level will be able to find employment with minimal assistance.

These women will have financially supported themselves in the past, and may be experiencing a temporary interruption in that employment. The basic profile for Level One might include descriptors like the following to ensure that elements essential to self-sufficiency at this level are addressed:

- ◆ Adequate Housing (i.e., stable, affordable and safe)
- ◆ Limited Welfare Dependency (i.e., less than 2 years) (Berrick, 1995)
- ◆ Positive Self-Esteem and a Sense of Competence and Self-Efficacy
- ◆ Positive response to past program efforts (i.e., FDP, REACH, a CWEP)
- ◆ Have work skills; Employment ready (i.e., past employment at skilled work)
- ◆ Well related to own and children's needs

Level Two Intervention and Care Services

Women who are assessed to be at this level may have educational weaknesses, lack training and skills, or have a poor work history. In addition to requiring the help needed by women in Level One, they require a human capital investment and greater emotional support. These women need work experiences that will help them build both skills and a resume. They may need to participate in life skills programs and, for example, receive help with developing an appropriate "work wardrobe". In addition to basic education (completing a GED or certificate program that combines job skills and academics), they may need education about the job market and career opportunities.

The basic profile for Level Two might include descriptors like the following to ensure that elements essential to self-sufficiency at this level are addressed:

- ◆ Temporary or Inadequate Housing
- ◆ Welfare Dependency greater than the norm (i.e., more than 2 years)
- ◆ Shaky Self-Esteem or Sense of Competence and Self-Efficacy
- ◆ Lack of involvement or less than positive response to past program efforts
- ◆ Spotty or no work experience and/or skills; not employment ready
- ◆ Well related to own and children's needs

Level Three Intervention and Care Services

Women assessed at this level may have complex individual and family situations in which substance abuse, mental illness, or other disabilities are present. In addition to requiring the help needed by women in Level One and Level Two, they may require specialized treatment services. When difficulties are identified and treatment resources made available, women at this level should be able to reach self-sufficiency.

The basic profile for Level Three might include descriptors like the following to ensure that elements essential to self-sufficiency at this level are addressed:

- ◆ Temporary or Inadequate Housing
- ◆ Other difficulties related to the environment
- ◆ Welfare Dependency greater than the norm (i.e., more than 2 years, but less than 5)
- ◆ Shaky Self-Esteem or Sense of Competence and Self-Efficacy
- ◆ Mental Health or Substance Abuse difficulties in the recipient
- ◆ Mental Health or Substance Abuse difficulties in a family member
- ◆ Responsiveness to past program efforts and other public agencies (e.g., DYFS)
- ◆ Follow through on Treatment Recommendations
- ◆ Spotty or no work experience and/or skills; not employment ready
- ◆ Other special needs in relation to self (e.g., criminal record) or to children (e.g., special education or health concern)

Level Four Intervention and Care Services

Women assessed at Level Four may need to be considered as part of the 20% who may be excluded from work requirements under TANF. Multiple problems in many life spheres may be characteristic of this level. Substance abuse, mental illness, and other special needs in individuals and family situations may be further complicated by a history of inter-generational welfare and other difficulties related to poverty. In addition to requiring the help needed by women in Levels One through Three, these women may require an extreme degree of support and the provision of very specialized treatment services. Even when difficulties are identified and treatment resources made available, women at this level may not be able to reach self-sufficiency.

The basic profile for Level Four might include descriptors like the following to ensure that elements essential to self-sufficiency at this level are addressed in the box on the next page.

An assessment package for each level and profile may be easily developed. Many of the dimensions listed in the profiles (e.g., self-efficacy, parenting skill) can be assessed by using existing scales. Others, like housing, may require development of a simple rating sheet used with the women or from case records. It should be noted that evaluative vocational testing of women about their aptitudes and strengths is appropriate for each level to increase alternatives open to them.

Level Four profile includes the following:

- ◆ Temporary or Inadequate Housing
- ◆ Other difficulties related to the environment
- ◆ Welfare Dependency greater than the norm; inter-generational welfare dependence
- ◆ Poor Self-Esteem or Low Sense of Competence and Self-Efficacy
- ◆ Mental Health or Substance Abuse difficulties in the recipient
- ◆ Mental Health or Substance Abuse difficulties in family member(s)
- ◆ Lack of involvement or less than positive response to past program efforts
- ◆ Lack of involvement or inability to follow through on treatment recommendations
- ◆ Known to many community agencies
- ◆ Spotty or no work experience and/or skills; not employment ready
- ◆ Other special needs in relation to self (e.g., criminal record) or to children (e.g., foster care placement, special education, or health concerns)

These levels and the descriptions of women associated with each level were developed from the analysis of the qualitative data generated by the focus groups. It will be essential to track outcomes to understand the kinds of interventions and services necessary to successfully move women at each level from welfare to work. That is, it will be essential to empirically test the reliability and validity of the profiles in relation to the levels of intervention and care services.

SECTION TWO : CONSUMER FOCUS AND SYSTEMIC CHANGES

Most of the recommendations that follow are targeted toward women who would be assessed as belonging to Levels Two and Three. In line with our most salient finding discussed above, a necessary condition for success in moving any of the women from welfare to work is liberating the energy and skill they possess. Currently, significant energy is directed toward maintaining welfare benefits, and fighting workers. In order for welfare recipients to make a timely move into the work force, this energy will need to be re-directed toward self-sufficiency strategies. A partnership between workers and recipients is an essential ingredient in defining and implementing these strategies, and will be a crucial component in implementing the following recommendations.

Train WFNJ/TANF Personnel

First, given the current worker-client strain evidenced in these interviews, a substantial cultural change in the public welfare system must be brought about through training of WFNJ/TANF program personnel. Training in rules, regulations, and new procedures is not sufficient. The public welfare system must be perceived as a more consumer-focused organization. To that end, it is essential to provide values-based training that influence how workers interact with recipients. Areas that need to be covered include:

- Sensitivity and compassion in the face of socio-economic similarities and differences, racial and cultural differences, and other life circumstances
- Communication skills that convey optimism, respect, and helpfulness
- Understanding about the barriers to self-sufficiency that were built into welfare prior to TANF
- Thorough knowledge of the range of services that may be creatively used to maximize chances of self-sufficiency
- Commitment to prevention of return to welfare by mothers who become self-sufficient
- Commitment to ensuring the ability of succeeding generations to avoid welfare by attending to the needs of children for quality child care and parental attention

The women interviewed had an excellent recommendation that relates to worker training: Provide evaluation sheets for recipients to complete about workers. Indeed, customer satisfaction may be an excellent indicator and evaluation of a culture change in the bureaucracy.

Develop Multiple Pathways to Self-Sufficiency

Secondly, recipients will be further empowered by workers who provide assessment and planning on an individual basis that starts by identifying recipient's strengths and expressed needs. Training WFNJ/TANF personnel to be responsive is only the first step. Workers need the tools to assess a recipient's strengths, interests, and needs in order to support them effectively.

While job creation goes beyond the scope of this report, attention must be paid to multiple pathways to self-sufficiency. These pathways may include such diverse vehicles or routes as:

- Mentoring
- Apprenticeship
- Self-employment/entrepreneurial efforts/micro-enterprises
- Non-profit employment agencies

Which recipients are appropriate for these kinds of paths can only be understood when assessment, planning, and matching occur. Community agency programs that provide services to help recipients embark on traditional and innovative paths will open wider opportunities for recipients and reduce frustration and burn-out in workers.

Provide Information to Recipients to Inspire and Build Confidence and Cooperation

Third, recipients need information about WFNJ/TANF requirements and expectations. They need information about supports that they will have. They need to have this information provided in a positive manner that assuages their fears about forthcoming changes and conveys the ways in which they will be supported. Given the isolation of many welfare recipients, their issues of literacy, and mistrust of the public welfare system, information provided to recipients may best be understood if it is presented in a small group, through a verbal exchange with a representative of WFNJ/TANF who can clearly articulate goals of the program and its requirements. At the same time, that representative can supportively challenge recipients to use supports within defined time frames.

Many women find written materials hard to decipher because they lack reading skill, they are unable to understand bureaucratic language, or a written format is alien to them. Moreover, if unable to ask questions or listen to others with questions, they may lack background knowledge sufficient for understanding how information about WFNJ/TANF applies to them. Without a live body eliciting and explaining things, they also miss an opportunity for connection with the program. A positive relationship with a representative of WFNJ/TANF and meeting with others in similar circumstances can build motivation. Therefore, learning from each other in small groups with a knowledgeable, and personable facilitator may be the most effective way to help welfare recipients understand the realities of welfare reform.

The women interviewed had additional suggestions: *"Just like they send those papers out with your check every month, a little flyer about what's in the news."* They

are going to have to send that out anyway. For those who can't read, have hotlines to call for information. In fact, one participant suggested an 800 phone number so that those who cannot afford the call can make contact for information.

Provide Enough Time and Content for Learning Essential Work Life Skills

A great deal of thought has gone into planning Job shops and Job clubs. These programs must cover material that will produce confident individuals who are appropriately assertive and enthusiastic about employment. Four to six weeks of life skills may serve women assessed as Level One or Two. This time period may be inadequate for someone assessed at Level Three and the concept of a job shop may be inappropriate or premature for a women assessed at Level Four. A range of options may be appropriate. Initially, for someone at Level Three or Four, communication and discipline skills in relation to parenting issues may be more appropriate. As the person gains strengths through treatment, translating those communication and discipline skills to the workplace may become appropriate and meaningful to the recipient.

No matter how skills are matched to recipient profiles, Oplante & Mattiani (1997) advocate for incentive-based strategies. Working, they state, is a complex aggregate of repertoires, involving job-seeking skills, effective interviewing, and behaviors required to maintain employment once found. Each of these response classes in turn involves multiple concurrent and chained behaviors (123). Encouragement and rewards for all of these behaviors are desirable.

There may be life skills and supports that WFNJ/TANF cannot directly accomplish. Several women recommended finding ways to help woman put together work wardrobes, perhaps by using thrift stores. There are community volunteer models that serve this function (Beckett, 1997).

Tailor Support Services

The range of services that make self-sufficiency possible are well known to program designers. Women on welfare make clear, however, that services need to be timely and flexible. A transportation allowance that does not begin at the same time as a CWEP becomes a barrier to responsible participation. Flexible child care that covers children when mothers work odd shifts or at night is as important as affordable care. Additionally, some supports, such as housing, need to be long term. Short term (one year) supports only serve to promote unstable families.

Identifying Women who Abuse Substances, Supporting their Recovery and Self-Sufficiency

Identifying who will have difficulties becoming self-sufficient because they have a substance abuse problem may be easier than it appears to be. It would probably be possible if workers showed an active interest in learning when addiction or abuse is a problem. For the most part, participants report that, if workers took some time with a substance abusing welfare recipient and let her know that there was help, she would take advantage of it. Specific ideas for identifying substance abusing welfare recipients provided by participants were:

- Give people a confidential questionnaire where they can sign the bottom if they need any assistance.
- Let them know that help is available.
- Inform people that many jobs test for drugs.

In addition, someone who is knowledgeable about addiction and treatment resources would be welcomed according to many of the women who were interviewed, particularly if this brought help sooner and without making them feel worse about themselves. Several were amenable to being part of special caseloads with case managers who have addictions training

Finding the resources to meet the treatment needs of women, particularly those with children, will continue to challenge the ability of WFNJ/TANF personnel and those ready to strive for recovery. Women in outpatient and residential treatment recognized that recovery is a life long process and that many of them needed to understand and deal with the issues underlying their addictions. Several recommended individual and family therapy, but wondered how they could afford it. While connected to a treatment program, more concerted opportunity might be taken to begin to assess interest and needs and to link women with work related supports.

In addition to ongoing treatment, women need a recovery friendly environment and a network of supports which includes 12-step programs and a safe, drug-free environment in which to live. Many women discussed the need to "clean up the environment".

While they understand and approve of sanctions, particularly those that maintain safe, drug free housing, the women instinctively understand that incentives will motivate more surely than sanctions.

Like here we have a drug-free dollar system. They give them an appointment and they do what they're suppose to do. They get a dollar for every appointment and we go out an purchase the merchandise we think they would like. They trust my judgment. They say Harriet do this, Harriet get that, and I try to get stuff I think they would like. If they don't, we take it back to the store and that helps with baby clothes, diaper.

Opulante and Mattiani (1997) believe that incentives rather than aversive conditioning move people. Programs may be stronger if they are built around known antecedents of work and contain fulfilling consequences of work whether this fulfillment comes from psychic or actual income.

Moving recipients from welfare to self-sufficiency will be a complex undertaking. While there are no easy answers from the focus groups, the participants certainly provide critical insights about ways to minimize barriers to achieving self-sufficiency. They point out those barriers that occur for structural reasons such as inability to disseminate information or discouraging worker attitudes toward recipients, while they illuminate many of the psychosocial barriers in themselves such as anger, attitude, and untreated substance abuse. No one recommendation derived from the interviews provides the totality of information about all of the changes that systems and individuals will need to make. The labor market, the economy, WFNJ/TANF personnel, and the individual recipients each must play a role.

Katherine Kraft, Ph.D.
Assistant Professor
e-mail: kkraft@rci.rutgers.edu
908-932-9392

Irene R. Bush, DSW
Assistant Professor
e-mail: IBUSH@worldnet.att.net
908-932-6668

CONCLUSIONS

This study demonstrates that welfare mothers hold key information about what can make the Temporary Assistance to Needy Families program different from welfare under Aid to Families with Dependent Children program. Women on welfare cannot be stereotyped nor can they be helped by blindly applying rules, regulations, and benefits without regard for the unique characteristics of each person, even when applications are even-handed. Clearly assessing profiles of the women and their families may help determine a level of service that will begin to make a difference in their lives. Certainly, different levels of service and follow-up are needed to help women achieve self-sufficiency rather than merely punishing dependency. Assessments matched to basic and enhanced service levels can differentiate who is more vulnerable to unemployment and to retaining employment. It is clear that those welfare mothers who misuse substances and those who are in recovery will need a depth of service beyond that required by other welfare mothers.

Further, it is a myth that welfare dependence is caused primarily by personal choice and individual decline rather than social conditions and public policy decisions. Calls for individual responsibility in isolation of social responsibility will not bring meaningful change. (Berrick, 1996; Segal, 1997; Spalter-Roth, Burr, Hartmann, & Shaw, 1995). Lack of economic opportunity must be focal for WFNJ/TANF in creating a partnership with recipients, investing in creating human capital through education and training that matches environmental opportunities. At the same time, supports need to attend to the families of recipients investing in them so that they grow up with the education and skills to lead fulfilling, responsible lives.

The focus group interviews demonstrate that women on welfare have strengths waiting to be engaged. They can make a valuable contribution to designing services that will empower their steps to self-sufficiency. Positive inducements rather than punishing sanctions are likely to help them embark on pathways out of poverty. Hopefully, these pathways will lead to a road that prevents them from falling back into poverty. It is also essential to evaluate whatever is done so that WFNJ/TANF programmatic successes can be repeated and its inevitable failures, abandoned.

The voices and aspirations of women on welfare need to inspire those who design Work First New Jersey and those who implement it to work with welfare recipients to truly make this reform different from welfare as we knew it.

List of References

- Berrick, J. D. (1995). *Faces of poverty: Portraits of women and children on welfare*. New York: Oxford.
- Brooks, M.G., & Buckner, J.C. (1996). Work and welfare: Job histories, barriers to employment, and predictors of work among low-income single mothers. *American Journal of Orthopsychiatry*, 66(4), 526-537.
- Hagen, J.L., & Davis, L.V. (1996). Mothers' views on child care under the JOBS program and implications for welfare reform. *Social Work Research*, 20(4), 263-273.
- Kates, E. (1996). Welfare reform and the real lives of poor women: Introduction. *American Journal of Orthopsychiatry*, 66(4), 548-556.
- Maluccio, A.N. (1979). *Learning from clients: Interpersonal helping as viewed by clients and social workers*. New York: The Free Press.
- Opulente, M., & Mattaini, M.A. (1997). Toward welfare that works. *Research on Social Work Practice*, 7(1) 115-135.
- Saleebey, D., Ed. (1997). *The strengths perspective in social work practice*. New York: Longman.
- Salomon, A. (1996). Welfare reform and the real lives of poor women: Introduction. *American Journal of Orthopsychiatry*, 66(4) 486-489
- Segal, E.A. (1997). Welfare reform and the myth of the marketplace. *Journal of Poverty*, 1(1), 5-18.
- Spalter-Roth, R., Burr, B., Hartmann, H., & Shaw, L. (1995). *[Welfare that works: The working lives of AFDC recipients.]* Washington, D.C.: Institute for Women's Policy Research.

APPENDICES

Appendix A

Focus Group Questions

Opening Statement: Many people are working to figure out new services for people currently receiving AFDC (Aid to Families with Dependent Children) that will help them get ready to work. We believe that is very important to talk to the people that will get the services to find out what they think they need. That is why we are talking to you.

What we are looking for today are your ideas for the best ways to help people be ready to work.

We are going to meet with other groups of women too for the same reason. We plan to report back the ideas that you give us and any thoughts you want us to share.

We promise not to identify any of you by name or to connect any particular things that you say with you or anything that identifies you. Your name will not be connected with what you say to us. Your identity will be protected so you can feel free to say any ideas that you have.

Your solutions, thoughts, and ideas will be passed on to the people who will be designing the new services.

In order to be able to remember everything, we would like to tape what is said and one of us will take notes.

Our role is to hear your ideas and to make sure they get heard. We will do everything we can to make sure those designing new programs listen to your ideas.

Is it okay with you if we turn the tape recorder on and take notes?... Thank you.

The first thing we'd like to know is:

1. What have you heard about welfare reform?
2. Have you heard anything about New Jersey's Work First program?

The "Work First" Program assumes that people can work and be self-sufficient.

Work First will change how AFDC is given. Eventually it means that financial help will stop, and parents will need to be working. Everyone, except perhaps the most severely disabled, will be moving from welfare to work over the next two to five years.

3. **Do you have ideas about how you would like to see this happen?**
4. **What could the "Work First" program do to help you move from welfare to work?**
(What would get you ready to find a job? Keep a job? What ideas do you have about helping people get ready for work? Find work?)
 - If you could choose any kind of work situation, what would it be? How would you get ready for it?
 - Is this kind of work available in your community? Is there a way you can see to develop this kind of employment opportunity? Other employment opportunities? What work would you like to do most?
5. **What will moving from welfare to work do to your children?**
 - What will your children need when you are working?
 - What should that be like? (in-home child care or ?; better schools; after school programs, etc.)
6. **How can the Work First program figure out when substance misuse is keeping a person from working?**
Some people who receive welfare would have difficulty working because they have a problem with alcohol or other drugs. What do they need to deal with the ways the substance misuse keeps them from working successfully.
 - How should "Work First" figure out who needs substance abuse treatment?
 - How can they be helped to stop using substances?
 - What kind of help should mothers with children be able to get?
 - How will the immediate family feel about the mother getting treatment? Will they support it (even if it takes a year? Two years?)
7. **Are there other needs you or your family will have when you are working?**
8. **What is your biggest concern in moving from welfare to work?**
 - What makes it difficult for you to work now? Is there anything else? If so, what else?
 - What do you feel keeps you from working now?

Appendix B
Consent Form

I give permission to Dr. Kate Kraft and Dr. Irene Bush to interview me and to record my responses to questions about New Jersey's welfare reform program, Work First New Jersey. I understand that my ideas may be the subject of a report along with the ideas of other people. My questions will not be directly attributed to me.

Signature: _____

Date: _____

Appendix C

Focus Group Member Information Sheet

Participants should fill out one form. Use the back of the form if necessary.

Date of Focus Group _____

Host Organization _____

Age: _____

Sex: Female _____ Male _____

Ethnicity: _____ Caucasian

_____ African-American

_____ Latina

_____ Asian

_____ Other

Number of Dependents: _____

Age of Dependents: _____

Last year of school completed: _____

List any other courses or schooling: _____

What kind of work have you done?

Total amount of time as adult recipient of AFDC: _____

Length of Time on AFDC (this time): _____

Reasons for leaving welfare and reasons for re-entering welfare:

Has alcohol or drug use by you or by a family member made it difficult to get or keep work?

NEW JERSEY DEPARTMENT
of Human Services
Office of Policy & Planning

P.O. Box 700
Trenton, NJ 08652
(609) 292-6883