

Work First New Jersey Evaluation

**In Their Own Words:
WFNJ Clients Speak
About Family, Work,
and Welfare**

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EXECUTIVE SUMMARY

In 1997, New Jersey implemented its welfare reform initiative, Work First New Jersey (WFNJ), which includes five-year time limits on cash assistance, immediate work requirements for most clients, and expanded support services to help in this transition. To learn how families were faring under the new reforms, the New Jersey Department of Human Services (NJ DHS) contracted with Mathematica Policy Research, Inc. (MPR) to conduct a five-year comprehensive evaluation of the initiative, designed to provide frequent feedback to state policymakers and program operators. One of the major components of this study is a longitudinal Client Study to track, over a five- to six-year period, the progress of a statewide sample of about 2,000 WFNJ families who received Temporary Assistance for Needy Families (TANF) between July 1997 and December 1998.

To hear the voices of families on and off welfare, and to learn from them about their experiences, the client study also included three rounds of in-depth, face-to-face interviews with a subset of families who had received welfare under the new reforms. The goal of these interviews was to learn directly from the clients, in an informal in-person setting, about their struggles and challenges as they begin making their transition off welfare, as well as to better understand the lives of these clients. These face-to-face interviews paint powerful, and often stark, profiles of the lives of the poor and near-poor. This document reports our observations based on the completion of three rounds of in-depth interviews.

This document, largely narrative, describes the wide range of experiences of current and former recipients and portrays their struggles as they try to leave welfare. In particular, we examine issues related to their work life and child care arrangements, as well as their welfare experiences and attitudes toward TANF and WFNJ. We examine their sources of support and how they manage to make ends meet, as well as the personal challenges they face and how these barriers affect their ability to leave welfare. In addition, we observe their attitudes toward marriage and the roles that the fathers of their children play in their lives and their children's lives, as well as their housing situations and attitudes about their neighborhoods.

A. STUDY SAMPLE AND DATA

For the in-depth study, we sampled clients from among the 2,000 sample members in the full client study in seven counties: Atlantic, Burlington, Camden, Essex, Mercer, Middlesex, and Union counties. While we used a purposeful approach that provided a sample with a mix of work experiences, we also oversampled clients with longer TANF stays who were at higher risk of reaching time limits and those off TANF and not employed because we wanted to learn more about these two groups.

Interviews occurred approximately every two years beginning in December 1999 with the last interviews occurring in fall 2003 and primarily took place in the homes of the sample members. For each round, we developed a semistructured protocol to cover broad areas such as employment, welfare, and making ends meet, and listed a number of questions interviewers used to guide the discussions. However, the interview format itself was conversational. We completed interviews with 45 respondents in the first round, 55 in the second round, and 63 in the third round. In all, we interviewed 79 respondents as part of the in-depth study; 21 were interviewed once, 33 were interviewed two times, and the remaining 25 were interviewed in all three rounds.

While reading through the document, it is important to remember that our sample was purposefully drawn to include more of those who were long-term TANF recipients, as well as those off TANF and not working. These groups are more likely than the full caseload to be at higher risk of facing hardships, and therefore our findings are not representative of the entire caseload. However, our findings provide valuable insights into the complex lives and worlds of those within each of the three broad groups of clients: those remaining on TANF, those off TANF and not working, and those employed.

B. SUMMARY OF FINDINGS

The findings from the in-depth interviews reveal the complexities of these respondents' lives. Our analysis of the in-depth data indicates that many WFNJ clients have worked and formed ties to the labor market, thus fulfilling one of the primary goals of welfare reform—to find employment. However, many have a challenging time maintaining employment and tend to cycle in and out of jobs. Economic instability and personal complexities mark the lives of most of the respondents, both those working and those not working. Often, many personal problems compounded the economic issues they faced. These problems included depression and other serious mental health problems, drug addiction, learning disabilities, child health problems, a history of family trauma and abuse, and violent neighborhoods. We first summarize some of our main findings and then provide some program and policy recommendations.

Many clients had formed some connection with the labor market, although some remained on welfare while others were off welfare and not working. Those who found jobs typically got low-paying ones, although a few climbed out of the low-wage labor

market and obtained employment with higher wages. For some, work or economic advances came after addressing numerous personal challenges and struggles, and life situations often continued to be so fragile that employment advances could be undone at any time. Those who remained on welfare tended to face many challenges, including physical and mental health problems, low education levels, and learning disabilities. A number of respondents who were off welfare and not working at the time of the interviews faced severe mental health problems, such as bipolar disorder or schizophrenia. Many went off welfare or were sanctioned off of it because they could not comply with the program rules.

All three groups of respondents managed to make ends meet by “income packaging”—piecing together income from different sources. For those working, earnings and the Earned Income Tax Credit (EITC) were a primary source of support, but they, too, relied on other sources of income such as help from other adults in the household, child support, and social services. Those on welfare at the time of the interviews relied primarily on public assistance for their income. Most of these people received food stamps and Medicaid. The group off welfare and not employed made ends meet largely by living in households with other adults who paid (or shared in paying) the rent, getting help from friends and relatives, and relying on several forms of social service support.

Despite their efforts to package assistance, many clients experienced resource shortages and material hardships. In each of the three interviews, respondents described how they scrimped and saved and how they stretched their incomes. These strategies were described as a routine aspect of managing scarce resources, whether it was from earnings, welfare, or other income supplements. During the early interviews, common material hardships reported were lack of food, inadequate winter clothes, problems with housing, and inability to cover medical needs. By the third round of interviews, the respondents were less likely to report hardships as extreme as those mentioned in the first interview. For some, circumstances had improved because of increased earnings. Others had assembled or “packaged” additional or alternate supports from formal or informal sources, and a higher number were sharing household expenses with other adults.

Respondents relied on, and praised, several social supports they received, especially Medicaid, before- and after-school programs, and private sources of support, such as Catholic Charities. Nearly all clients who were off welfare said they preferred being off welfare and having the sense of independence and financial freedom that it gave them. They were relieved to be free of the burden of accountability, the reporting hassles, and the stigma attached to welfare receipt. It appeared that, between the first and third rounds, the women in the sample were more likely to have internalized an identity as a member of the labor force. Over the course of the surveys, respondents often replaced expressions of uneasiness or anger toward WFNJ work requirements with statements of appreciation for work-related training and confidence in their ability to succeed in the workplace. While many continued to struggle economically, there was a sense that progress was likely to build incrementally over many years as they gained employment

experience and expanded their work contacts, and as complications with child care eased as their children got older. There is no question, however, that some women could not function in the labor market because of many personal or social difficulties (including physical or mental health issues and substance abuse issues) for which they required substantial support.

Some of the findings on the employment and welfare recipient status of clients and how they managed to make ends meet are similar to the findings from the client study. However, the new findings that emerge from the in-depth interviews document the extent of personal challenges most of the respondents face. Over time, as we built a rapport with the clients and they opened up to the interviewers, we heard about the prevalence of depression and other more severe mental health problems, the extent of substance abuse, and the pervasiveness of physical violence in their lives. For example, 48 of the 63 people interviewed in Round Three said a doctor or other professional had told them they have depression or a serious mental illness. Nearly one in three respondents reported they had a current or recent drug addiction to cocaine or heroin. Others mentioned problems with alcohol. Forty-four of those interviewed in Round Three reported that they had experienced physical or sexual abuse at some point in their lives, and 29 of them had been abused in recent years by boyfriends or husbands.

Despite these and other similar challenges, many of these women showed a great amount of resilience and faith and a determination to overcome the odds. Many identified friends and family who provided them with social and other support. Many did not have formal membership in a church or other religious organization, but most said they were religious and that faith in God was one of their primary resources for coping and support. The fathers of their children provided some economic support and had some involvement with their children. This support was often small, informal, and unpredictable, however, and it was not a primary source of income or aid for most of the respondents. Most of the women said they had no interest in marriage, and many rejected it as a threat to their independence and their ability to direct their own household.

We also asked the respondents about their housing situations and neighborhoods. Their primary housing concerns were affordability and safer neighborhoods. Many moved in search of better neighborhoods. Although they continued to live in areas with crime and drug dealing, some commented that these new neighborhoods were not as bad as their former ones. Many shared housing with friends or relatives as a way to deal with the cost of housing, although this did often lead to overcrowded conditions and tensions. Respondents viewed Section 8 vouchers as a desirable means to affordable housing, though they complained about the long waiting lists, and many did not expect to receive this subsidy. Residents of public housing projects described many problems with their housing, including rodents, broken appliances, or trouble with heat, water, and electricity. Their neighborhoods also had the most violence and drug dealing.

C. PROGRAM AND POLICY RECOMMENDATIONS

Clearly, the transition from welfare to work is complex, compounded by the many challenges WFNJ clients face. How successful respondents were in this transition and in the progress they made depended partly on the extent of personal challenges they faced. But their successes were also a function of their own resilience, faith, and determination, as well as local job opportunities, social service resources, and strength of their social support networks. The clients provided feedback and voiced support for various state and county efforts to develop programs or provide services that acknowledge the challenges they face as they leave TANF or obtain employment. In fact, over the past several years, to address various concerns about WFNJ clients, New Jersey has launched a number of initiatives to address the needs of longer-term TANF recipients, offer outreach to those who have left TANF and are not accessing post-TANF supports, and address the needs of clients who have reached their 60-month time limit on TANF benefits. The text box on the following page provides a brief description of some of these recent initiatives.

Here, based on what we heard from the clients, we provide programmatic and policy recommendations to continue to serve this group and help these families in their transition to work and greater self-sufficiency.

- ***Job Retention and Advancement Services for Parents.*** While many find jobs, sustaining employment is fairly difficult. In addition, many remain in low-wage jobs and find it hard to make ends meet. Providing access to postemployment supports, including job placement, referrals to placement agencies, child care supports, counseling, and training, may help with job retention and advancement. Given the low earnings levels of some clients, ensuring the use of EITC and other such earnings supplements can also help clients as they package income from various sources.
- ***Encouraging Clients to Use Their Networks to Find Jobs.*** While many clients had networks of friends and relatives, and some of these friends and relatives had good jobs, the clients did not tend to view their networks as a source of job leads. Job retention services and coaching could encourage clients to use this potential employment resource.
- ***Improved Access to Food Stamps, Medicaid, and Other Assistance Programs.*** Many former clients continue to rely on food stamps and other sources of support, but many report that stigma, administrative difficulties, and other hassles deter them from applying for various benefits. In addition, many who had left TANF for work, and had received Medicaid or NJ FamilyCare for some time, were concerned about having no insurance when their public health insurance ran out. Given that some of these jobs do not offer health insurance, or the cost to obtain it is high, considering other subsidies to health care insurance may be important for these clients, who tend to face many physical and mental health problems.

INITIATIVES IN NEW JERSEY

- ***Supportive Assistance to Individuals and Families (SAIF).*** Initiated in 2003, this program offers eligible WFNJ clients who reach their 60-month TANF time limit an additional two years of cash assistance and support services. SAIF clients are required to participate in work activities and must work intensively with their case managers, who will help them get a job and exit welfare.
- ***Individual Development Account (IDA) Program.*** In September 2002, the state launched the IDA program to help low-income families save to buy a home, start a small business, or pay for higher education. Under New Jersey's program, the state will match participants' contributions to these accounts up \$1,500 a year, dollar for dollar, for up to three years.
- ***Supplemental Work Support Program.*** Launched in spring 2001, this program encourages working welfare recipients to close their cases in exchange for a monthly work support payment of \$200, regardless of the amount of their cash benefit. Clients who agree to do so are eligible for other post-TANF benefits.
- ***Career Advancement Vouchers.*** Initiated in January 2001, these vouchers provide employed former clients with as much as \$4,000 toward program tuition to pursue additional training while they are working.
- ***Outreach and Marketing Efforts.*** In 2000, the state developed a faith- and community-based collaborative to market available support programs and benefits, such as food stamps, to former TANF recipients.
- ***State Earned Income Tax Credit (EITC).*** In 2000, New Jersey introduced a refundable state EITC for low-income families with children to supplement the federal EITC. The state credit is currently set at 20 percent of the family's federal EITC amount. The maximum state EITC is about \$500 for a family with one child and about \$800 for a family with two or more children.
- ***Comprehensive Social Assessments.*** In November 2000, county staff began administering a comprehensive social assessment to long-term TANF recipients. The assessments were originally conducted after clients had accumulated 34 months of TANF receipt. The assessments are now conducted after clients have been receiving TANF for 12 months. Through these assessments, workers are expected to determine appropriate referrals and services for clients (for example, referrals to the state Department of Labor's Division of Vocational Rehabilitation Services or to the state's Substance Abuse Initiative or Mental Health Initiative).
- ***NJ FamilyCare.*** In October 2000, the state launched NJ FamilyCare, a state-sponsored health insurance program for low-income working adults and their children. Because of funding constraints, NJ FamilyCare stopped enrolling new adult participants in June 2002. The program continues to enroll eligible children.

- ***Improved Assessment of Mental Health Problems.*** Many of those off welfare and not working reported severe mental health issues. Several could not comply with the welfare program rules and ended up quitting welfare or getting sanctioned. These findings are also consistent with those from the client study, which indicated that those off welfare and not working, with no stable source of support, have characteristics similar to those who remain on TANF but are more likely to have mental health problems. Mental health problems can be difficult to detect, and improved mental health screening for

those who might be at risk of being sanctioned could help prevent cutting some of these people from the system and allow the state to find ways to help them treat their illnesses.

- ***Improving Access to Mental Health Treatment and Encouraging its Use.*** Few respondents with mental health problems were taking medication or receiving treatment for their condition. Some could not afford medications, while others did not want to be bothered or deal with the side effects, or lacked professional support or supervision. Linking clients with mental health resources, educating the respondents about the benefits of treatment and medications, and ensuring that they have health insurance coverage are important to improving the life situations of many.
- ***Integrating Public Service, Public Health Programs, and Trauma Recovery.*** Many women in our study faced behavioral health issues that were compounded by other trauma such as domestic violence, or physical or sexual assault, witnessing violence, or childhood sexual or physical abuse. Research has linked such trauma to increased risks including adult depression and substance abuse. Integrating available public services including trauma recovery programs could assist those affected by personal violence. Several states across the country have begun to add therapeutic recovery to the services provided to TANF recipients.
- ***Measuring Progress and Successes Individually.*** The stories of the in-depth study respondents reveal the many personal challenges they face and the ways in which they attempt to “make it” despite these odds. For some, stable and sustained employment does not seem to be a realistic goal. For example, considerable progress for some was measured by the fact that they were now seeking treatment for a behavioral, substance abuse, or mental health problem. Even for those employed, various problems or crises could upset their equilibrium. Thus, as we enter the next phase of welfare reform, it will be particularly important to measure progress according to the varied goals and capabilities of individuals, rather than attempting to measure everyone on the same scale.
- ***Focus on Relationship Education and Relationship Building in Programs to Strengthen Families.*** Most clients were not married, and some had consciously decided to stay away from men. Few thought the men in their lives would provide financial support and stability. In fact, many thought they would have the opposite effect because the fathers of their children had high levels of unemployment, substance abuse, domestic violence, and incarceration. The federal government is currently encouraging programs to promote healthy marriages among welfare recipients and other low-income women who have recently had children and are in relationships with men. These programs may want to focus on relationship education and relationship

building in early stages of romantic involvement, especially given the high risk characteristics of some of these fathers.

- ***Address Welfare Clients' Concerns About Housing Affordability and Unsafe Neighborhoods.*** Housing subsidies were a clearly desired source of support and helped make housing affordable. This was one of the social service programs respondents reported as the most useful. Many respondents, however, had been on waiting lists for a long time, and some did not expect to receive housing assistance. Compared to Section 8 housing subsidies, public housing projects were typically not desired. Many of those living in public housing complained about poor housing conditions, as well as high degrees of violence and crime in their neighborhoods. Efforts to promote housing subsidies and to improve the life and neighborhood quality in public housing projects will help clients in their transition off welfare.
- ***Emphasize Caseworker Training.*** Many of the WFNJ clients who had made progress in dealing with obstacles in their lives indicated that the support or encouragement of a particular individual had been instrumental to this process. Caseworkers can play a critical role in being a person who can potentially make that difference. The respondents expressed appreciation for caseworkers who treated them with respect and offered thoughtful assistance, and training could emphasize the positive effects of interpersonal exchanges. Educating caseworkers to enhance their skills in screening for the issues that surfaced through the in-depth interviews (depression or serious mental illness, low literacy, substance abuse, domestic violence, trauma), and in making appropriate referrals could advance the identification and treatment of some of the conditions underlying sanctions, long-term TANF receipt, or unemployment.
- ***Continue Support for Mental Health, Family Violence, Substance Abuse, and Vocational Initiatives.*** The Department of Human Services (DHS) and local county welfare agencies have implemented several initiatives that address many of the issues that surfaced during the in-depth interviews. Described in greater detail in Chapter 17, these include the Substance Abuse Initiative and Substance Abuse Research Demonstration (SAI/SARD), the Mental Health Initiative (MHI), the Family Violence Option Initiative (FVOI), and the Vocational Rehabilitation Initiative (VRI). These initiatives provide additional resources to assist caseworkers to identify client problems through formal screening or self-disclosure, diagnose the need for treatment or services, and engage clients in initiative-funded treatment or transitional services. The state has also introduced the Comprehensive Social Assessment (CSA), a questionnaire used by county welfare staff for clients who have been on the caseload one year to identify issues faced by these longer-term TANF clients.

CHAPTER 1

INTRODUCTION

In 1997, New Jersey implemented its welfare reform initiative, Work First New Jersey (WFNJ), which includes five-year time limits on cash assistance, immediate work requirements for most clients, and expanded support services to help in this transition. To learn how families were faring under the new reforms, the New Jersey Department of Human Services (NJ DHS) contracted with Mathematica Policy Research, Inc. (MPR) to conduct a five-year comprehensive evaluation of the initiative, designed to provide frequent feedback to state policymakers and program operators. The evaluation had three major components: (1) a longitudinal Client Study to track the progress of WFNJ families over a five- to six-year period, (2) a Program Study to examine how WFNJ was implemented and how the program changed in response to the client population needs, and (3) a Community Study to learn how WFNJ was unfolding at the community level.

Using five annual longitudinal surveys, the Client Study tracked a statewide sample of about 2,000 WFNJ families who received Temporary Assistance for Needy Families (TANF) between July 1997 and December 1998, the first 18 months of program implementation. Data from the five rounds of surveys, conducted annually each spring from 1999 to 2003, show that many clients have left welfare for work, and overall income levels are increasing. For example, at the time of the fifth survey, nearly six years after WFNJ entry, half the clients were off welfare and employed. However, about one in five clients was still on welfare, and about one in three was off welfare but not employed. Those remaining on welfare, and many off welfare but not employed, faced many barriers to employment, particularly health problems of their own or of family members. Those employed experienced greater increases in income over time, although job turnover was fairly common as well.

To hear the voices of families on and off welfare, and to learn from them about their experiences, the WFNJ evaluation included three rounds of in-depth, face-to-face interviews with a subset of these 2,000 families who were part of the Client Study and had received welfare under the new reforms. The goal of these interviews was to learn directly from the clients, in an informal in-person setting, about their struggles and challenges as they begin making their transition off welfare and to better understand their

lives. These face-to-face interviews paint very powerful, and often stark, profiles of the lives of the poor and near-poor. This document reports our observations based on the completion of three rounds of in-depth interviews. In Section A, we briefly describe the study sample and methodology used to conduct the in-depth analysis. In Section B, we briefly summarize the main findings from the in-depth analysis. Finally, in Section C, we describe how the manuscript is organized.

A. STUDY SAMPLE AND METHODOLOGY

Study Sample.¹ To have a good representation of various types of clients for the interviews, the in-depth study used a purposeful sampling approach. We oversampled clients who had longer TANF stays and were at higher risk of reaching time limits, as well as those off TANF and not employed, because we wanted to learn more about the coping mechanisms of these two groups. We sampled clients from seven counties in New Jersey: Atlantic, Burlington, Camden, Essex, Mercer, Middlesex, and Union. These counties provide a good mix of regional representation. We completed interviews with 45 respondents in the first round, 55 in the second round, and 63 in the third round. The second and third rounds included additional clients who were long-term TANF recipients and were at risk of reaching time limits. In all, we interviewed 79 respondents as part of the in-depth study; 21 were interviewed once, 33 were interviewed two times, and the remaining 25 were interviewed in all three rounds. The first round of in-depth interviews was conducted between December 1999 and April 2000, the second round in fall 2001, and the third round in summer and fall 2003.

The in-depth sample is similar to the full client study sample of WFNJ clients at the time of program entry, although they are somewhat more disadvantaged in a few respects (Table 1). The typical respondent was female, 30 years old, and lived alone with her child(ren). Just over 60 percent of the respondents we interviewed were African American, about 25 percent were Hispanic, and 11 percent were white. The in-depth sample includes more African Americans and fewer whites than the full client study sample. Similar to the full client study sample, just over half of the in-depth clients had worked during the two years before WFNJ entry, and nearly one-third had a child under age 3 when they entered the program. In educational attainment, however, the in-depth sample respondents were more disadvantaged than the typical WFNJ client. For example, 51 percent of in-depth respondents did not have a high school diploma or GED at the time of WFNJ entry, compared with 44 percent of the full sample. In-depth sample members also were more likely to be in a household where someone was receiving SSI at the time of WFNJ entry.

¹A more detailed description of the sample and methodology used for this study can be found in Appendix A.

TABLE 1
CHARACTERISTICS OF IN-DEPTH STUDY RESPONDENTS

	Percentage with Characteristic	
	In-Depth Study Sample	All WFNJ Clients ^a
Female	99	96
Average Age (in Years)	30.6	30.4
Educational Attainment		
Less than high school diploma or GED	51	44
High school diploma or GED	37	44
More than high school diploma or GED	12	12
Employed in Two-Year Period Prior to WFNJ Entry	53	55
Race/Ethnicity		
African American	63	53
Hispanic	25	26
White	11	20
Other	1	1
Does Not Speak English at Home	13	13
Average Number of Children Under 18 in Household	2.0	2.0
Age of Youngest Child		
Less than 3 years	36	40
3 to 5 years	24	26
6 years and older	40	34
Household Type		
Single parent	77	78
Two parent	8	9
Other multiple adult	7	9
Other single adult	8	4
Marital Status		
Never married	71	70
Married	8	7
Separated/widowed/divorced	21	24
Household Member Receiving SSI	13	9
Lived in Two-Parent Household as a Child	47	52
Family Received Welfare When Growing Up	44	36
Sample Size	79	1,423

Source: WFNJ administrative records data and WFNJ Client Surveys.

^aSample used in the first WFNJ client study report.

Methodology. Most interviews took place in the homes of the sample member and lasted close to an hour and a half.² Members of the WFNJ client in-depth study team and graduate students from Rutgers University conducted the interviews. We developed a semistructured protocol for each round of in-depth interviews to cover broad areas (such as employment, welfare, and making ends meet), with subtopics under each area. For each subtopic, we listed a number of questions interviewers used to guide the discussion. However, the interview format itself was conversational; questions were often asked in a different order, and certain questions/topics could be omitted as appropriate.

Interviews were often conducted in two-person teams, with one person leading the interview and the other taking notes. Nearly all interviews were tape-recorded and transcribed. A few were conducted in Spanish with respondents who preferred to have the discussion in Spanish. Participants were usually very willing to talk with us and share their life experiences and events, including the challenges they faced in their day-to-day lives. Several of our interviewers worked with the project for each of the in-depth surveys. When possible, they interviewed the same respondents in each round, thus developing rapport over several years.

The analysis of the text was conducted using both case and cross-case analysis. The transcripts for each interview were read and coded according to the topics covered in the questionnaires. The data were then sorted according to employment status and current welfare receipt, and responses within topic areas were grouped and analyzed. Subsequent readings focused on the coding of indigenous themes (which were unanticipated and emerged from the respondents' comments). Some responses were made numeric and reported as frequencies. Triangulation of data and method were used to confirm some of the patterns and themes identified through the transcripts, including responses drawn from the quantitative survey and observations recorded in ethnographic sketches completed by the in-depth interviewers.

While reading through the document, it is important to remember that our sample was purposefully drawn to include more of those who were long-term TANF recipients, as well as those off TANF and not working. These groups are more likely than the full caseload to be at higher risk of facing hardships, and therefore our findings are not representative of the entire caseload. However, our findings provide valuable insights into the complex worlds of those within each of the three broad groups: those remaining on TANF, those off TANF and not working, and those employed.

²We offered sample members a respondent payment of \$25 for their participation in each in-depth interview.

B. SUMMARY OF STUDY AND FINDINGS

The findings from the in-depth interviews reveal the complexities of these respondents' lives. Many have worked and formed ties to the labor market but find it challenging to sustain employment. Overall, these respondents, both the working and nonworking ones, had a high degree of economic instability in their lives. The difficulties of juggling child care, household responsibilities, and employment—most often as a single parent—were often compounded by many personal problems, including depression, drug addiction, learning disabilities, child health problems, neighborhood violence, and a history of family trauma and abuse.

Nearly all clients, whether or not they were working, made ends meet by piecing together income and support from different sources. These include earnings or welfare benefits, odd jobs, help from family and friends, and other public assistance or social services. Respondents described packaging of income as a routine, ongoing method of getting by. Despite their efforts to package assistance, many clients experienced resource shortages and material hardships. During the early interviews, common material hardships reported were lack of food, inadequate winter clothes, problems with housing, and inability to cover medical needs. By the third round of interviews, the respondents were less likely to report hardships as extreme as those mentioned in the first interview. For some, circumstances had improved because of increased earnings. Others had assembled or “packaged” additional or alternate supports from formal or informal sources, and a higher number were sharing household expenses with other adults.

Almost all clients who were not receiving TANF said they preferred being off welfare and having the sense of independence and financial freedom that it gave them. They were relieved to be free of the burden of accountability, the reporting hassles, and the stigma attached to welfare receipt. Over the course of the surveys, expressions of uneasiness or anger toward WFNJ work requirements were often replaced by statements of appreciation for work-related training, and confidence in their ability to succeed in the work place. While many continued to struggle economically, there was a sense that progress was likely to build incrementally over many years as they gained employment experience, expanded their work contacts, and as complications with child care eased as their children aged. There is no question, however, that some women were not able to function in the labor market because of myriad personal or social difficulties (including physical or mental health issues, substance abuse, and so on) for which they required substantial support.

Findings from the in-depth interviews document the extent of personal challenges most of the respondents face. Over time, as we built a rapport with the clients and they opened up to the interviewers, we heard about the prevalence of depression and other more severe mental health problems, the extent of substance abuse, and the pervasiveness of physical violence in their lives. For example, 48 of the 63 people interviewed in Round Three said a doctor or other professional had told them they have depression or a serious mental illness. Nearly one in three respondents reported they had a current or

recent drug addiction to cocaine or heroin. Others mentioned problems with alcohol. Of the 63 WFNJ clients interviewed in Round Three, 44 reported that they had experienced physical or sexual abuse at some point in their lives, and 29 of them had been abused in recent years by boyfriends or husbands.

Despite the difficulties and complications of many of their lives, almost all the women talked about their children as many other parents do, with love and appreciation. In dealing with their life circumstances, some mentioned the importance of their religion/faith, while others spoke of willpower and determination. The fathers of their children provided some economic support and had some involvement with their children. This support was often small, informal, and unpredictable, however, and it was not a major source of income or aid for most of the respondents. Most of the women said they had no interest in marriage, and many rejected it as a threat to their independence and their ability to direct their own household.

We also asked the respondents about their housing situations and neighborhoods. Their primary housing concerns were affordability and safer neighborhoods. Many moved in search of better neighborhoods. Although they continued to live in areas with crime and drug dealing, some commented that these new neighborhoods were not as bad as their former ones. Many shared housing with friends or relatives as a way to deal with the cost of housing, although this did often lead to overcrowded conditions and tensions. Respondents viewed Section 8 vouchers as a desirable means to affordable housing, though they complained about the long waiting lists, and many did not expect to receive this subsidy. Residents of public housing projects described many problems with their housing, including rodents, broken appliances, or trouble with heat, water, and electricity. Their neighborhoods also had the most violence and drug dealing.

C. ORGANIZATION OF THE MANUSCRIPT

The in-depth interviews covered a wide range of topics relating to the lives of WFNJ clients. Although there is a lot of overlap across topics, we decided to organize the manuscript in five parts according to the following broad topic areas: (1) work life and TANF, (2) sources of support, (3) personal challenges, (4) attitudes toward marriage and role of fathers, and (5) housing and neighborhoods. Each of these parts has two or more chapters that relate to the topic discussed in that section.

Part A, “Worklife and Welfare,” provides an in-depth look at the lives of three groups of WFNJ clients: (1) those employed, (2) those off welfare and not working, and (3) those still receiving welfare. Of the 63 WFNJ clients interviewed in Round Three, 24 were working and not receiving TANF, 26 were neither working nor collecting TANF, and 13 were receiving TANF and were not employed. Chapter 2 discusses the experiences of those employed at the time of the third round of interviews and describes how they felt about work, including some of its rewards and challenges. Chapter 3 describes the child care arrangements that parents (primarily those employed) made for their young children. Chapter 4 discusses the situations of those who were neither

working nor on welfare at the time of the third in-depth interviews and describes their sources of support and the personal challenges they faced. Chapter 5 describes the circumstances of those who were still receiving welfare at the time of the third in-depth interviews.

Part B, “Sources of Support,” discusses the various sources of support that respondents relied on, including how they managed to make ends meet and their attitudes toward social services and the networks they relied on. Chapter 6 describes the sources of income that the respondents drew on and how they worked to make ends meet. Chapter 7 discusses the respondents’ attitudes toward social services that they used, and Chapter 8 focuses on their attitudes toward TANF and the WFNJ program. Chapter 9 discusses the network of family and friends that provided supports to the WFNJ clients. It also examines whether they had connections to people who were resources for emotional support, help with emergency or basic needs, or job leads. Chapter 10 examines the role that faith and religion played in the lives of these respondents.

Part C, “Personal Challenges and Individualized Paths of Progress,” describes the personal challenges respondents faced. Chapter 11 focuses on the prevalence of physical health problems, mental health problems, substance abuse, and recent or past physical or sexual abuse among respondents. In Chapter 12, we describe how respondents coped with these challenges and how individualized the paths of progress were even for those who were employed or trying to find work.

Part D, “Attitudes About Marriage and the Role of Fathers”, describes the respondents’ attitudes toward marriage and the role of fathers in the lives of their children. Chapter 13 examines the respondents’ views on marriage, their perceptions on whether they would be better off financially and emotionally if they had a spouse, and why some women with children did not get married. Chapter 14 describes the types of interactions they had with their children’s fathers, the types of assistance that the fathers provided to the family, and whether the women considered these men to be “good” fathers.

Part E, “Housing and Neighborhoods,” discusses the housing conditions and neighborhoods the respondents lived in. Chapter 15 focuses on the housing situations of the respondents, including what they liked or didn’t like about the apartment or house in which they lived. In Chapter 16, we describe the characteristics of the neighborhoods they lived in and their feelings about where they lived.

Finally, Chapter 17 in Part F summarizes our findings and gives recommendations for program and policy based on the voices and views of the respondents to the in-depth study.

PART A

WORKLIFE AND WELFARE

CHAPTER 2

WORK: ITS REWARDS AND CHALLENGES

A primary goal of WFNJ is to promote self-sufficiency by reducing welfare dependency and encouraging work among clients. The client study, which tracked a sample of 2,000 WFNJ recipients through five annual interviews, showed that many WFNJ clients find jobs and leave welfare. For example, approximately six years after WFNJ entry, nearly 60 percent had exited welfare and were working. Most sample members (more than 90 percent) had some involvement with the labor market since they entered TANF. About one in four WFNJ clients had left welfare and were not working, and just under 20 percent were still receiving welfare six years after WFNJ entry. The client study also showed that there is considerable movement in and out of the labor market and that the path out of welfare is a complex one for many people.

This chapter focuses on the employment experiences of the in-depth study respondents and describes how they felt about work, including some of its rewards and challenges. Of the 63 WFNJ clients interviewed in Round Three, 24 were working and not receiving TANF.³ We describe how these clients adjusted to the world of work, their personal challenges and experiences, and the gains they made over time. In our discussion, we sometimes use numbers to show some of their personal and job attributes. Though we have made these data numeric, most were obtained from answers to open-ended questions in which sample members described their current situations.

³ It is important to remember that our in-depth sample was purposefully selected to include more of those who were long-term TANF recipients, as well as those off TANF and not working who are more likely to be at higher risk of facing hardships. Therefore, these numbers on employment cannot be generalized to the full caseload. Nonetheless, the lives of the clients shed light on the complex worlds of those who form labor market attachments and the struggles they face.

- *About half of those who were employed had held the same job for two or more years, and they tended to hold jobs that were more skilled than those with less tenure.*

Of the 24 respondents who were employed at the time of the third round of interviews, 11 had held the same job for at least two years (the range was 2 to 10 years). Five had been working at the same job for one year, and eight had held their job less than a year. They had wide-ranging job titles, and some of the more skilled positions were:

- Construction worker
- Administrative clerk
- Customer service representative
- Office assistant
- Book processor
- Legal secretary
- Church accountant
- Manager, accounting firm
- Accountant
- Youth worker
- Residential counselor at a group home

While nearly half the respondents held more skilled positions, the others were working in entry-level jobs such as school-bus aide, home health aide, deli worker, waitress, and housekeeper. Two respondents also had side jobs (baby-sitting and making curtains) in addition to their regular employment.

Nearly all those who held the more skilled positions said they liked the job and wanted to stay or intended to move up to other jobs within that organization or in another. Their reasons included the higher pay, as well as the fact that the jobs tended to be less tedious, garnered more respect, and provided them with a sense of pride and accomplishment. With a few exceptions, respondents had a longer job tenure in the more skilled positions.

[R has been employed as a construction worker for several years. She loves the job, is proud of her skills and has taken advantage of several training opportunities that allow her to advance and work on a variety of construction sites.]:⁴ I like the overtime pay...and I learn how to work

⁴Throughout this report we use R as a shorthand to indicate the “respondent.” We do this for convenience and to avoid identifying respondents by name.

different machinery and different types of machines.... Now [I am in a class] that's training [me] to be a boss on a job site....I also had "hazmat" training and that's more money, too. There was 50 people they had to pick for this particular job for the Holland Tunnel and go to this class and I was one of the 50.

[R works as a legal secretary and would like to stay in the field.] [I have] better pay and I work for nice people....My boss is really good, my office manager is good...and I am always learning something new here. I like that part. Right now I am learning real estate.

- *In addition to their earnings, most of those working relied on income supplements from family, child support, and the Earned Income Tax Credit (EITC), and other supports such as housing subsidies or Medicaid.*

None of the respondents relied solely on their own earnings to make ends meet. Though some had begun to make higher wages (more than \$10 hour), nearly all said that finances continued to be a struggle.

Just over half lived with other adults with whom they shared household expenses. Eight lived with one or more adult family members (parents, cousins, grandparents), two lived with a husband, and three lived with a boyfriend. Other common sources of support were Section 8 housing, public housing, Medicaid, child support, and EITC. None received TANF, and only two collected food stamps.

- *Money received from EITC was a much anticipated and highly appreciated benefit to employment and was frequently used to build assets.*

Of the 24 who were working, 22 had received "taxes" (as most respondents called them) from EITC in the previous year. The checks were an important income supplement and were described as much anticipated and happily received. Most of the rebates reportedly averaged \$1,500 to \$2,000 (and went as high as \$3,600). Several respondents said they had never before received such a large lump sum of money. During our first round of in-depth interviews, few of the respondents said they had heard of or used EITC. That had changed markedly by Round Three. Over time, EITC appeared to have become part of the local culture. It was an income source that people talked about, looked forward to, and planned for.

The most frequent uses of EITC were to pay off bills and to put the money into savings. The checks were also used for asset-building activities: two women purchased cars, one put a down payment on a condo, two repaired their cars, five bought furniture, and two helped their children with college expenses. The money was also used to purchase clothes, toys for children, TVs, and for other activities that, as one woman described, made her feel more like a "normal" family:

I bought everything I needed for my child—food, clothing. The baby needed a crib and we also needed a toddler bed.

I never had a kitchen set. I got that and a new stove.

I put it away and then I use it a little at a time—we went to the movies, go out to eat...like a normal family does.

I paid off some debts, paid my car bill up, put the rest of the money in the bank.

I paid back everyone I owed. Then I bought myself some clothes and shoes.

I bought this big TV, a computer, and I got Internet.

- ***Among those who were employed, the use of checking and savings accounts was on the rise, as was car ownership.***

Among the 24 who were employed, 11 said they had a checking account and 14 a savings account (in comparison, among the 39 respondents who were not working, 4 said they had a checking account and 3 a savings account). Several of those working had not previously held a bank account, and said they felt good that they now had some savings in the bank.

I actually have a checking account now. I never felt like I had enough to put into a checking account before. It helps me budget better.

Among those who were employed, eight owned a car, and two owned a condo or home. Many stated that they had a goal of buying a car or a house.

- ***As Medicaid eligibility runs out for those off TANF, the number with neither Medicaid nor employer coverage had risen over time.***

Of the 24 who were employed at Round Three, 7 said they had health insurance from their employer. Eight continued to use Medicaid, and six said they had no health insurance coverage for themselves.⁵ During the Round One interviews, nearly all those who were working or were recent TANF recipients continued to be covered by Medicaid.

⁵The three others said they had insurance, but did not indicate the source, so it could have been their employer, their spouse's employer, or public health insurance.

By Round Three, many were no longer eligible.⁶ Those without insurance from their employers worried about the lack of coverage and often reported that they saw doctors only as a last resort.

We just fight it off. Like if we get sick—like this week one of my sons came down sick. He passed the germ and it was going around the house....But if it's necessary I take the kids to the hospital [emergency room] and I get them to bill me. Me I'm not worried about—it's my boys.

[R says she desperately needs to go to the dentist but can't afford it.] I go to the emergency room when the mouth pain gets too bad. I owe too much money—when the bills get paid down some I'll go to the doctor.

Several of those who were still receiving Medicaid were not confident that they would have a job that paid benefits and worried about what they would do when they were no longer eligible.

It's just a large weight off our shoulders for having Medicaid.

- ***Many gave credit to WFNJ for having helped them secure employment.***

At least half of those who were employed talked about the importance of WFNJ in helping them secure employment: either through job readiness workshops, specific training, or a job referral. As described in more detail later (in Chapter 8, "Attitudes Toward TANF and WFNJ"), such comments marked a shift as attitudes toward WFNJ became more positive during the survey period.

It [WFNJ] trained me in Microsoft Work, Excel, Power Point.... I definitely benefited from it and I am able to obtain the position I have today in Accounts Payable because of it.

It [WFNJ] just helped me update my resume, showed me how to dress for certain jobs, how to talk for certain jobs....It just helped me get prepared.

[WFNJ] helped me get a CNA[certificate for a nurse's assistant]. I got my license so I can go to any facility, any hospital that I want to as long as I have that license.

⁶Clients who leave welfare for work can retain Medicaid eligibility for as long as two years. Additionally, in October 2000, the state launched NJ FamilyCare, a state-sponsored health insurance program for low-income working adults and their children. However, because of funding constraints, FamilyCare stopped enrolling new adult participants in June 2002. The program continues to enroll children. It is not clear to us from the interviews that sample members always knew the difference between Medicaid and NJ FamilyCare.

Even those who did not give high ratings to some of their job preparedness training often spoke of the positive outcomes of being in a structured, employment-directed environment:

I'd say the training [job readiness] was a waste—but it definitely got me back out into the work force again. And that was good.

It was good that I had somewhere to go every day [WFNJ job readiness]. We had to dress up in business attire every day...sometimes you need that.

- ***Many of these mothers talked with mixed emotions about the dual effects of employment: the rewards they felt from being employed and the stresses it led to.***

Respondents liked being more independent and serving as a role model for their children, but they missed “being there” (particularly after school) and they worried about the possible detrimental effects of their increased absence.

The negative impact is that they are used to me being home...they were used to me being home to cook dinner, you know or heal the cut wound, kiss them....I miss that.

[Int: Do you think that your work has a positive impact on your daughter?] Yes and no. Because I am not there for her as much....Like now we are kind of short at the job [supermarket deli worker] and I'm supposed to be home at 7:00[p.m.] and I have to stay till 9:00....It kind of hurts but she know that is what I have to do to make sure that we be able to have a place to live and eat and stuff, you know.

So it's positive but then again...[when I get home] she done ate dinner and stuff. Took her bath, so she's in the bed when I get home. So I am missing out on a whole lot. The homework, the everything. I am not there for a lot of stuff for her.

Money did not top the list of job likes—most of these working women were still too economically marginal for this to be a possibility. Positive comments about employment most often centered on a newfound sense of independence, “getting out of the house,” and being a good role model for their children. Several mentioned that they liked being independent and free of “the system” [welfare], and some were beginning to realize financial gains. Some women talked about aspects of their job duties that they enjoyed—such as preparing a “good-looking sandwich,” helping elderly clients, or learning new computer skills. However, most comments about the positive impacts of employment focused on social interaction; respondents liked their job because it offered a connection to a social world apart from that of their household:

I love my babies, but [job] gives me a minute away from them. Away from everything that goes on in this house. It gives me a chance to interact with other people in and around my own age. And we have pretty good times. We really do.

It gets me away from the kids and [boyfriend]. It's just a different environment. I work with a nice group of girls...and I like nice things and I like to shop.

I get more money than I did on welfare...and you get to get out, you get to meet people and, you know, interact.

Several also spoke of themselves as modeling employment for their children:

It sets a good example, like me being a single parent.

I'm showing [daughter] how to be independent and take care of herself.

- ***The most common complaints about employment were the stress and exhaustion of trying to manage work and children as a single parent and having less time to spend with their children.***

While enjoying a newfound independence, many of the women talked about how hectic and exhausting it was to maintain employment and manage children and household responsibilities, particularly as a single parent. The most common complaints about employment were the stress and exhaustion of trying to manage work and children as a single parent and having less time to spend with their children. The aspect of employment they enjoyed most—spending time outside the house—also resulted in stress. Many were frazzled and were concerned that they had less time to attend to their children, with economic marginality or irregular work shifts often making tensions worse:

When [first went back to work] I was working two part-time jobs. I had a raggedy car that was falling apart. I had to hold the wires together to get it to go. My kids, I hardly seen them except for at night when I come home and cook dinner. It was really hard.

[R works a night shift.] I am sleeping when [kids] get home and I am gone when they wake up. So now they are starting to feel the effect of it because Mommy is not in the house. Mommy is not here cooking dinner. They don't walk in the door and smell food cooking. They have to basically just warm up their dinner.

I get everybody [kids] ready, get out early because there are two buses for me to get to work, work all day, come home, make dinner, get the kids ready for bed, fall into bed myself. Get up and start all over.

[R leaves for work at 2:30 p.m.] I don't have as much time with them as necessary. My son just misses me a little bit but my daughter...is now a teenager...I have been seeing the peer pressure and the hormones and I need to have a little bit closer eye on her...[she] was picked up by the police [previous week, for violating curfew].

I worry that something might be happening to them when I am not home.

- ***As with the full sample, those who were employed had high incidences of life problems or trauma, including depression, physical abuse, drug addiction, and involvement with violent or criminal boyfriends.***

Although these respondents were employed at the time of the in-depth interviews, their lives were filled with other challenges that could threaten stable employment.

Of the 24 respondents who were employed, 17 said that they had been told by a doctor or other professional that they had depression, and 7 of those described additional symptoms of panic, anxiety, or personality disorders. Twenty of the 24 reported that they had experienced physical or sexual abuse at some time in their lives. Thirteen had been abused in recent years by boyfriends, often severely (several had police involvement), and 9 reported abuse by parents or family members (including at least 3 who were raped as children). Six said they had been drug addicted (and two were currently in treatment for cocaine addiction). Seven reported they had been involved with DYFS: one had recently had a foster daughter removed from her home (reasons unclear), and the other cases were related to the respondents' drug addiction or the drug addiction or abusive behavior of a father of one of the children. More than half the respondents described current or past relationships with men (usually the fathers of the children) who were drug addicts or engaged in other criminal behavior.

- ***Though some were making financial gains and had built some assets, all reported that they continued to struggle economically.***

A handful of the respondents reported wages of between \$10 and \$17 an hour, and one was making \$26 an hour. As mentioned, savings accounts and car ownership were rising. Most, however, were making less than \$10 an hour, and none had reached a comfortable economic position. Their levels of financial struggle varied. Some were still fighting to meet bills for basic household expenses:

I am struggling even through I am working. I rent this house, gas is high...I live by paycheck to paycheck.

The rent—that is the most difficult. Everything else is kind of pretty all right. As you recall the last time I didn’t have a phone. I have a phone now. I had cable but no longer—that is one of the options I had to let go because I am short of money. As long as I got a roof over my head I am fine.

A few were trying to meet the slightly higher expectations of their employers or families:

[R is worried about being able to afford the business attire required at her new job in a corporate environment.] You know I make decent money but I don’t make enough to have my clothes to go to the cleaners every week. You know I shop at Wal-Mart, I don’t shop at Lane Bryant.

I am making enough now where I can maintain my bills and buy the necessities I need for my house. Now as far as other things [extras]—that is really low. This summer I was really happy because I had enough money where all of us [family] were able to go somewhere—I took them to the shore for the Fourth of July. I had enough extra money to do it.

Under “Making Ends Meet: Income Packaging” in Chapter 6, we describe in more detail how these families packaged income and support from various sources.

- ***Labor market achievements were relative and not always easy to assess by an hourly wage, job title, or time spent employed.***

The life stories of the respondents often were complicated, and the range of issues that could threaten stable employment was striking. It was not easy to assess or predict “progress” based simply on a job title, hourly wage, or job tenure. Sometimes the job title and hourly wage appeared to be an employment “success,” but because of ongoing challenges, the respondent’s situation appeared precarious. For other respondents, a low-wage or entry-level job represented an extraordinary attainment. Each case was unique, and employment stability could not be gauged without contextual information.

Below are two cases that represent two different views of success:

The respondent featured in the first example has one of the most skilled positions of the in-depth sample. Struggling through many years of serious depression, a series of economic and emotional setbacks almost resulted in a complete loss of the status she had achieved:

R worked her way up from welfare, through a series of part-time jobs, through job training, and into a good-paying job as an accountant. Her teenage sons are doing well in high school and hope to go to college. Last year, she unexpectedly lost her job when her company shut down on five

days' notice. R lost medical insurance coverage and exhausted her savings over a period of several months. She had struggled with clinical depression for many years, and the job loss and an unexpected death in the family triggered serious emotional difficulties. R did not seek help at first because of her lack of medical insurance. Experiencing a nervous breakdown, she approached a doctor who she says "saved my life" by treating her (and providing medications) for free. She had in the past month obtained another good-paying job in the same field.

In the following example, a job as a home health aide and an apartment in public housing represent significant progress for this respondent:

At the time of the Round One interview, R had no job, no telephone, and few resources. She lived with her boyfriend and four children in a small, run-down apartment, and she slept on the floor in the disheveled living room. The boyfriend was violent and abusive to R. R had a difficult childhood: her parents were both drug addicts, and she and her siblings were forced to sell drugs for them. R ran away from home several times, from an environment that she described as chaotic and abusive. By the Round Three interview, R had made much progress. She had left her abusive boyfriend (on whom she had a restraining order) and had secured an apartment in a high-rise public housing project. Though the project was in a disadvantaged neighborhood, the apartment was spacious and clean and marked a substantial improvement in her indoor physical living space. R had been working for one year as a home health aide making \$10 an hour. She was extremely proud of her job and her wage and had recently obtained a voucher to begin a class to train as a nursing assistant.

The cases of these and the other employed respondents underscore the individual nature of progress and success, as well as the importance of a variety of economic and social supports to the maintenance of those advancements.

CHAPTER 3

CHILD CARE ARRANGEMENTS

As clients make the transition to work, they have an increased need to find stable and reliable care for their children. Women's choice of child care for their children, especially their young children, can have important implications for their ability to stay employed.

At our Round One in-depth interviews, conducted with 45 clients between one and two years after they entered WFNJ, many women were dealing for the first time with the need to arrange child care so they could meet employment demands or participate in WFNJ activities. Since most women had pre-school-age children at the time of the first in-depth interview, we report how women made their child care arrangements based on that first round of interviews. We also provide an update from the third round of interviews conducted in 2003, when their children tended to be older.

Of the 45 people interviewed in Round One, 36 reported using child care, and more than two-thirds were using informal arrangements with family and friends. Among those who were using child care, 22 were employed, 6 were attending WFNJ job search or employment programs, and 8 were looking for work and/or working odd jobs. It is important to note that at the time of the Round One interviews, many of those with infants or pre-school children were assembling extended child care for the first time and had limited familiarity with formal systems.

- *Most of the parents used more than one provider and relied primarily on informal care by family and friends.*

The predominant theme that emerged from the interviews was that most parents “packaged” their child care across a variety of sources. None relied on only one provider for child care. Rather, the norm was to draw on a variety of people or providers to cover different days and time slots or to meet the needs of more than one child. Only eight of the 36 who reported using child care at the Round One interview had their children in a

formal licensed day care or family care center, and all of them also used informal providers to fill in other ongoing child care needs.

Many of the employed respondents worked part-time jobs, had variable work hours, or were subject to shift changes, so their child care needs were often unpredictable and in flux. Likewise, many of the friends and family who provided child care also had nonroutine work schedules or obligations. In addition, children of different ages often had varying schedules in different schools, with a variety of pick-up and drop-off times. Consequently, most respondents reported that they cobbled together child care arrangements by relying on several to help out at different times with various children. As the respondents described, some of their arrangements were complex:

After school her grandfather or her father picks her up. Her father works one week nights and one week days so the week he works nights he picks her up. And then the next week I am going crazy trying to find someone to watch her—usually either the grandfather or this lady I used to work with.

My brother picks up the oldest child and the middle child is picked up by the bus. I drop off the youngest at my in-laws' house because they baby-sit her.

Many respondents reported that teenagers or children age 9 or older provided some of their child care. These baby-sitters included the older children of respondents and children of neighbors, friends, and relatives. Older siblings often cared for younger ones after school and were sometimes also in charge of homework, dinner, or other chores. Teenagers were sometimes involved in the drop-off and pick-up of younger children.

- ***Multiple, informal child care arrangements were often difficult to keep intact.***

Because so many respondents used family or friends as providers, keeping all their child care arrangements intact was often difficult, especially when providers were sick or unavailable. Some respondents had no back-up arrangements, while others pieced together what they could as needed with other relatives or friends. Some reported that they regularly had trouble synchronizing their work and child care schedules and worried about losing their jobs because of this:

I have a problem every day. I'm always about 10 minutes late for work because [daughter] can't be to school before 8:30 and there's no one else to drop her off but me because my mom is already sitting with the baby. I am supposed to be at work by 9:00.

Many of the respondents held jobs (such as waitress, cashier, factory worker, or security guard) that required employees to work a variety of shifts, and schedules often

were posted only one week in advance. Few respondents had the flexibility to adjust their child care to such swings in scheduling, and several reported that they quit or were fired when they could not meet the shift requirements.

They kept switching my schedule around so I had to work in the morning. I had 7[a.m.] to 3[p.m.], then they wanted me to work 3 to 11, then back to mornings. I couldn't find a child care provider because my mother wasn't there. So I had to let [the job] go.

- *Most of the informal providers were not paid for baby-sitting, but some received compensation in kind.*

Only one-third of those who used informal child care arrangements reported that they paid their provider to baby-sit. Others mentioned that they sometimes gave gifts or in-kind services, such as clothes, meals, or groceries, in exchange for child care. Several said that the willingness of their friends and family to baby-sit for little or no pay was normal in their community of acquaintances. They described informal child care as a routine exchange or helping behavior, similar to many respondents' descriptions of income packaging, in which friends and relatives regularly help each other supplement low incomes with cash, food, or other material goods. About one-third of the respondents reported being aware of the child care subsidies available through WFNJ, and three were using them.

- *Many viewed day care centers or family day care homes as more costly and a "hassle."*

The availability of free or low-cost child care was one of the reasons respondents gave most often for choosing friends or relatives as providers. Another frequently cited reason for avoiding both formal day care and child care subsidies was that they were too much of a "hassle" (though, paradoxically, their informal arrangements typically involved a complicated shuffling of providers, with few or no back-up arrangements). Probing these responses revealed that "hassles" included (1) lack of knowledge of what was available and confusion over how to find out, (2) the expectation of an intrusive or time-consuming application process for child care subsidies, and (3) the desire to avoid services connected to the welfare system.

- *Many also distrusted providers they did not know.*

Another factor many families cited in deciding to use informal providers was uneasiness with providers they did not know. During the in-depth conversations with the respondents, most of the women with young children said they did not want their children cared for by nonfamily members or people they did not know at home or in day care because they did not trust strangers as providers. Fear and paranoia regarding

nonfamiliar child care providers was a strong theme and, according to the respondents' comments, appeared to be influenced in part by the fact that many had personal experiences with violence that had left them especially wary. Many of the respondents said they often kept away from their neighbors as a way of protecting their children from bad influences and danger. For some, this act of protection extended to keeping children out of day care:

But see, I don't trust anyone other than family because I know what goes on out there.

I would either leave [son] with my husband or my in-laws. I don't really trust anybody with my kids.

A handful of respondents who did not have ready access to informal providers said that child care problems and an uneasiness with unknown providers were among the reasons that they were not working.

- ***Other child care concerns included safety and proper supervision.***

As often heard among any group of working parents, many respondents said they sometimes worried about their child's well-being while they were at work. Some of these worries appeared to be exacerbated by the fact that so many of their arrangements included complicated multiperson care:

I worry that the person that is transporting my child from school...if they get into a car accident or my child falls and hurts himself or something.

Other concerns were specific to the poor and low-income neighborhoods in which most lived. For example, a few feared that their latchkey arrangements might attract the attention of child protective services. One respondent spoke with both confusion and nervousness about what might constitute neglect:

He is old enough now. When it started [being left alone], he was 8 and my roommate usually come home around 4:30. So if he comes from school at 2:30 he's normally alone less than two hours, which I know is legally acceptable by law.

Because so many of the respondents lived in high-crime neighborhoods, many worried that their children—when not under their supervision—might inadvertently be caught in random neighborhood violence.

My children can't even go outside. They can't go because of the violence.

I tell my kids to stay in the apartment after school and not go outside because you never know what can happen out there, or when they might meet a stray bullet.

- ***By the third in-depth interview, children were older and most parents relied on school-based or after-school programs for their older children; however, parents faced other concerns with these older children.***

By the third round of interviews, the respondents were notably more practiced and comfortable with arranging child care. Those who used formal day care providers appeared most receptive to them when they had a personal recommendation or connection to the facility: an acquaintance who had used the service and provided them with feedback or an acquaintance who worked at the facility.

By this time, the respondents' children were older and most women were relying more heavily on after-school programs or latchkey arrangements. Most of those with school-age children used community and school-based programs (including before-school, after-school, and summer programs). Most of those who used these programs praised them because they provided their kids with a reliable, convenient, safe, enriching, and supervised environments and helped mothers cover child care during nonschool hours and summer environments for the children. Because the programs were at the schools, arrangements were easier—children were at one location, and they could often walk or take school transportation. The parents also indicated that they knew and trusted the school providers.

It [after-school program] gives parents time enough to get home and the kids won't be by themselves. It's a lot of things they like to do that they provide for there. They can stay there and be on the computer if your parents don't have a computer.

I don't have to worry about where they are, if they're ok or whatever until I get them. I don't have to worry because I know they're at school, they be all right.

Concerns regarding the older children were more likely to focus on a lack of supervision during after-school hours, including the fear that children would be exposed to neighborhood crime or negative peer group influences. Many women also said they worried that they were missing an important opportunity for interacting with their older children after school to keep in touch with problems and issues that the children were facing.

As part of their child care solutions, about one-quarter of the respondents with elementary school-age children left their children home alone for some part of the day while they worked. The following comments refer to latchkey children who were home alone after school:

I constantly worry about my daughter. Is she ok? Is her homework done?

I wait for my son [age 10] to call me to let me know that he's home from school, that he's ok. I instruct him to do his homework, eat a snack, and tell him I'll be home by 5:30.

I'm not around [daughter] much now. You know, when she had a problem she used to come to me. Since I'm not here, I mean she hasn't said anything.

CHAPTER 4

NOT WORKING AND NOT RECEIVING WELFARE

Many policymakers have been puzzled by the number of former welfare recipients who have left TANF but are not working: Where do they go, and how do they make ends meet? The client study tracking the sample of 2,000 welfare recipients indicated that about one in four welfare recipients had exited welfare and were not working at the time of the surveys. Half of these clients lived with other adults or an employed spouse or partner or had some other stable source of support, such as SSI. In contrast, the other half had no stable source of support and relied on several sources of public assistance, including food stamps and housing subsidies, as well as help from friends and families to make ends meet. Here, we take a closer look at the challenges to employment faced by clients who are off TANF and not working and how they managed to make ends meet.

Of the 63 people interviewed in Round Three, 26 were not working in regular employment or receiving TANF. They assembled income and support from a variety of sources, including other adult household members, child support, SSI, unemployment insurance and occasional odd jobs. The incidence of depression and/or severe mental illness among this group was extremely high, with 24 of 26 respondents reporting those conditions. The women in this subgroup were also the most likely to be married and living with a spouse.

- *Most of those who were neither working nor receiving welfare shared expenses with other adult household members and packaged income from a variety of sources.*

Of the 26 clients who were not working in regular employment and not receiving TANF, 16 were living with other adults who shared household expenses. These included husbands, boyfriends, roommates, or other family members, including parents, sisters, or grandparents. Two households included combinations of husbands, boyfriends, and/or family members. One respondent was living in a nursing home, and one was in

residential detox. Eight were the sole adults in the household. As a group, these respondents had limited assets. Four said they owned a car, and none owned a house. Only 3 of the 26 had a checking account, and 3 had a savings account.

Households shared with other adults:

In the households where other adults were present, housing expenses were shared and income was drawn from many sources, including earnings from other adults, EITC, child support, and other social programs. Six of the respondents living with others were collecting SSI (for themselves or their children), one was receiving unemployment insurance (because of a recent job layoff), and four reported using food stamps. Six of the respondents in these households reported having a side job, including baby-sitting and “doing hair” (hairdressing).

Households in which the respondent was the only adult:

Of the eight of the respondents who were the sole adults in their households, half had a stable source of income: two were receiving SSI, one collected unemployment insurance, and one had social security for her daughter (from a deceased father). The remaining four cobbled together support from food stamps, food pantries, side jobs, child support, and public housing. Three respondents had recently been sanctioned and were hoping to receive TANF again when the sanction was lifted. All these households were very low-income, and it was unclear how some of them could make ends meet.

- ***Nearly half of these respondents had not worked in many years, while others had held a series of low-wage jobs. Mental illness combined with the challenges dealing with work and family life appeared to be a primary factor contributing to nonemployment.***

Of these 26 respondents, 13 had held a series of low-wage jobs from which most quit and some got fired (usually for absenteeism). Three had recently left steady jobs—two respondents had recently been laid-off from steady jobs (and were collecting unemployment insurance), and one had quit a steady job because she was pregnant. Another 10 had not worked in many years. We now briefly describe the lives of the 13 who held serial jobs and the 10 long-term unemployed.

Serial jobs:

Turnover in low-wage jobs is typically high, and some who had held a series of jobs but were currently not working were interviewed when they were between jobs or could not find work. Some were staying home to care for children while relying on the income of other household members. Others appeared to have difficulty holding a job for a

variety of reasons, including mental illness, job-related issues, child care issues, or trouble with the law.

Depression was prevalent among those whose employment was sporadic, and a few were current or recovering addicts. Among the 13 who had held a series of low-wage jobs, 12 said they had depression or another mental illness: one with paranoid schizophrenia, 11 with depression, anxiety or panic disorders. Only one was currently taking medication for depression. Two of the 11 were recovering addicts (one was in methadone treatment, and one recently completed a residential rehab for cocaine addiction). One was a current heroin addict and alcoholic.

Working and taking care of children is challenging under the best of circumstances, but their illnesses made it particularly difficult for these respondents. Many felt overwhelmed by these dual responsibilities.

I had like mental problems. I started missing a lot of days at work and I couldn't deal with the people. I had like a mental breakdown and I wasn't able to work.

For some, sporadic employment was influenced by other factors, including difficulty with child care, transportation problems, sick children, seasonal employment, or layoffs. Others quit because of dissatisfaction with the job or poor working conditions.

The last two jobs I got offered were in the afternoons. The kids are home [from school] then and I can't get a baby-sitter all those hours.

[R is temporarily laid off from a data entry job.] I am what they call an "intermittent." They just call me when they need me. But actually that is good with my schedule with the kids.

[R had worked as a health aide caring for 100 patients on two floors but quit because of the working conditions.] And I was tired. Running up and down the steps every two hours so by the time I got finished the first floor I would have to go down to see the second floor...[they were short on staff] and then I had to stay for the second shift 7 to 3 after I did the 11 to 7. I was beat. I told [supervisor] and she said they would try to get more staff. But that didn't work.

Some had trouble obtaining employment because of previous involvement with the law.

[R had been arrested two years previously for carrying a knife and for threatening behavior.] I had a job as a cashier. But then the background check came through and that was it. Gone.

Long-term unemployed:

Severe mental illness appeared to be a primary factor contributing to long-term unemployment among this subgroup. Of the 10 who had not worked in many years, 9 said they had a mental illness: 3 with schizophrenia, 2 with bipolar disorder, and 4 with depression, anxiety, or panic disorder. Three of those with a mental illness reported taking medication or receiving counseling for their mental illnesses. Of the 10, one was currently a heroin addict, and one was a recovering addict (in methadone treatment). One was physically disabled, and another had recently been diagnosed with multiple sclerosis. Four of the 10 were receiving SSI.

Some respondents wanted to be home with their children and shunned welfare, in part, because they did not want to comply with work requirements. Some of those who had support from husbands, boyfriends, or other household members were able to leave the labor market for a period of time.

They [WFNJ] wanted me to be at the program all day long. But I want it to be me here home with my kids.

- ***As noted, depression and serious mental illness were highly prevalent among those in this group.***

In total, 24 of the 26 respondents who were not working and not receiving TANF told us that a doctor or other professional had told them that they had depression or mental illness. Six had severe mental illness (schizophrenia or bipolar disorder), and 18 said they had depression and/or panic or anxiety disorders. Several also mentioned that they had flashbacks or mood swings.

Nearly all 24 said they had been prescribed medications at some point. At the time of the third interviews, seven were receiving medication and treatment, and a few said they had medication they refused to take. A respondent who was diagnosed as paranoid schizophrenic (and is also a current heroin user) has had several emergency psychiatric hospitalizations but was not in treatment at the time of the interviews. Another (diagnosed with schizophrenia) had tried to commit suicide the week before the third interview and was subsequently receiving psychiatric treatment and medication. Four respondents said they wished they could get help through counseling.

- ***Some of those with serious mental illness exited TANF because compliance with work regulations was overwhelming.***

Many of those with serious mental health problems reported that compliance with TANF regulations had been overwhelming or stressful for them. Several had been sanctioned and exited welfare rather than comply or deal with work or reporting

requirements. Their situations are reported in more detail later under “Attitudes Toward TANF and WFNJ” in Chapter 8.

[R is bipolar.] [Welfare] want all kinds of papers, documents. They want dates, they want this, they want that. And if you’re struggling and trying to make it and they are asking for all of these papers, it is very, very stressful. I wish there could be an easier way for the welfare system to handle their clients.

[R has a serious mental illness.] I got sanctioned when I missed my appointments. It was too much, too confusing. I never went back.

- *Substance abuse also presented challenges, with about one-quarter reporting recent or past problems with drug addiction.*

Substance abuse was another challenge that affected many of those without work or welfare. Six of the 26 said that they had been drug addicted (to cocaine or heroin), and 4 described recent participation in recovery programs. One was referred to drug treatment through WFNJ, one through DYFS (after her children were removed), and one quit using through religious involvement. All said their drug use had been spurred by the addiction of a boyfriend or friends.

- *As with the entire in-depth sample, past physical or sexual abuse—often severe—was common, and nearly two-thirds of these respondents reported it.*

Of the 26 respondents, 17 reported that they had been physically or sexually abused as children or adults. Many recounted severe abuse, and three had grown up in foster homes. Many who had been abused as children were later abused by boyfriends or husbands. One respondent has a restraining order against a boyfriend; he had accosted her on the street recently and she was afraid to leave the house.

I have a restraining order against that man. He is not allowed within 50 feet of me. He has a problem with drugs and was very physically abusive to me. He was convicted of vehicular assault....dragged me down the street on his car.

[When asked during an interview to describe a good memory from childhood, the respondent answered, “I don’t have any.” She said her parents were drug dealers, and she was molested by her father for many years as a young child.] I grew up in a very violent home...I wouldn’t go to school if I had bruises that were visible.

The trauma many of these women have experienced due to violence may be a contributing factor in their emotional distress, substance abuse, or difficulty managing stress.

- ***A wide range of other difficulties and trauma were also reported, from learning disabilities to homelessness.***

Reading through the three years of interviews with these respondents was often dizzying because of the many layers of complicated life circumstances sometimes present for a single respondent. Each story was unique in its challenges, and none were without them. They were wide ranging: homelessness, children in trouble with the law, illiteracy, witness to murder, drug dealing, and chronic illness.

Here is one example:

R was in special education throughout her school years and left high school in the 11th grade. She has several learning problems and was fired from her last job as a deli worker because she could not remember the orders. She lives in a two-bedroom house with her husband, niece, and several children, and R and her husband sleep on a couch in the living room. R was addicted to cocaine for many years, and DYFS removed her children and referred her to residential rehab. She was able to later regain custody. R's husband is an alcoholic and a former drug addict. He was laid off for six months last year, and the family had no income. R's mother helped pay the bills. R says the economy is not a problem in her job search—it is “my battle with reading and writing.”

- ***Among some of these respondents, improvements in life circumstances were linked to mental health treatment and/or support from adult family members.***

For some of the respondents who have serious (and untreated) mental illness, progress and success were highly individualized and linked to whether they received treatment for their condition. In the following example, a respondent's progress was marked by the receipt of SSI and treatment for a serious mental illness:

R has suffered from serious mental illness (schizophrenia) and, at the time of the Round Two interview, was suicidal and rambling in her comments. R suffered extreme abuse as a child. In one incident, her violent, alcoholic father threw her into a pen of dogs, and she was bitten so severely that she was hospitalized for four months. R lives alone with her two children. She left welfare because it was too much “hassle,” and she felt she couldn't meet the work requirements. Through a referral from a doctor

who was treating one of her children, R began to take medication and see a psychiatrist regularly last year and is now receiving SSI.

- *Some plan to return to work after they have cared for young children.*

As mentioned, not all of those who were not working and not on welfare were unemployed because of difficulty coping. Some were caring for children with support from a husband or boyfriend and expected to return to work.

The following describes the respondent who is married and left work because of a pregnancy. Economic advance in her household was marked by the recent purchase of a car, and her finances have been helped (though privacy and tensions strained) by sharing household expenses with other adults:

R is married and lives with her husband, one child, her sister, sister's boyfriend, and sister's two children. R worked at [a fast food restaurant] for seven years and "loved" the job. She quit this year because of a pregnancy and plans to go back after the baby is born. The seven people share a three-bedroom apartment and all contribute to household expenses. R and her husband were recently able to save enough money to buy a car.

CHAPTER 5

LONG-TERM WELFARE RECEIPT

As mentioned earlier, 13 of the 63 clients who did the Round Three interviews were still receiving TANF at the time of the interviews. Some had continuously remained on TANF since WFNJ entry, while others had exited TANF and returned.

Those from this sample who were still receiving welfare at the time of the Round Three interview were striking in several respects: (1) a high proportion were recovering addicts, (2) they were more likely to be the sole adult in the household, (3) their financial assets were extremely limited, and (4) they were the most reliant on social programs. Those who had not worked in several years typically had many problems, including physical illness and addiction.

- *Those who were receiving TANF and had no earnings were more likely to live alone and to receive support primarily from social programs.*

Of the 13 respondents who were not working and receiving TANF, 9 lived alone, and 4 lived with at least one adult, including wife, sister, parents, or boyfriend.

Most of their income and support came from social programs. All were receiving food stamps, four collected SSI, and half used food pantries. Three had received money from EITC for jobs held the previous year. Only two reported receiving help with expenses from other adults with whom they lived. Their assets were extremely limited, and only one reported having a checking account and none reported a savings account. One owned a car and one owned a house.

- *More than half had held at least one job in the past three years.*

Eight of the respondents had been in the labor market in the past three years, either through regular or side jobs. Five had held one or more low-wage jobs and typically had

been fired or quit. Four held side jobs: one baby-sat, two did hairdressing, and two also worked as strippers (in addition to baby-sitting and hairdressing).

Five of these WFNJ clients had not held any jobs in the past several years. Among those who had not worked, one (a male client) had several health problems, as well as depression, and cared for a disabled wife; one was an active drug addict and alcoholic; one reported being clean but appeared (to the interviewer) not to be; one was a grandmother who had custody of her grandchildren; and one had recently been treated for heroin addiction.

- ***Drug addiction was a problem for nearly two-thirds of these respondents, and a report of depression or other mental illness was present in more than half. A high proportion also reported past physical abuse.***

Nine of the 13 respondents were active or recovering drug addicts. Six were currently in treatment for heroin or cocaine addiction (at least two had entered treatment through WFNJ). One was an active addict, and one said she was clean (but the interviewer sensed she was currently using). In three cases, DYFS had removed the respondent's children at some point in the past several years.

Seven of these 13 respondents said that a doctor or other professional had told them they had depression or another mental illness. Six had been diagnosed with depression, and four of those said they had depression accompanied by mood disorders or panic attacks (several described symptoms that sounded like bipolar disorder or other severe mental illness). One had been diagnosed with bipolar disorder. Three of these respondents were receiving treatment (at least one had been referred by WFNJ). Four were not receiving treatment, though one said she needed counseling.

As with others in the in-depth sample, reports of recent or past physical or sexual abuse were common and graphic. Seven of the 13 said that they had experienced abuse: 6 reported abuse as children (1 had lived in several foster homes, and at least 3 were sexually abused), and 4 reported recent abuse by a boyfriend.

- ***Although these clients who remain on TANF are similar to those off TANF and not working, the latter group were more likely to have serious mental illness and be sanctioned off TANF for failure to comply.***

While those receiving TANF are similar to those off welfare and not employed in having many personal challenges, there were some differences. Primarily, mental illness among those off welfare and not working, particularly the long-term unemployed, tended to be more serious. For example, some in that group were more likely to have serious mental illnesses (bipolar disorder and schizophrenia). They were more likely to be sanctioned for failure to comply and also seemed too ill or overwhelmed to follow the rules. These findings are largely consistent with the findings from the client surveys,

which showed that those off TANF and not working (and with no stable source of support) were similar to the long-term TANF recipients in many respects, such as education and basic human capital factors, but typically were more likely to have more mental health problems than TANF recipients. These problems are harder to detect and most likely caused this group to be unable to comply with TANF rules and get sanctioned as a consequence.

- ***Recognizing their difficulties in coping with employment and other issues, most of those who remained on TANF expressed gratitude for their welfare check.***

The welfare recipients who were struggling with addiction and/or mental illness realized their vulnerabilities and difficulty coping with employment. When speaking about welfare, most expressed relief or gratitude for the assistance, coupled with confusion or anxiety about how they will manage without it.

They supply me with money and food and I am grateful for anything I get.
[R has major depression and is a former addict.]

It's making it harder cause you know what, you can get lazy. I should be getting off of it...eventually I am going to have to get off, and then what? I hope maybe I can get a job. I just live day by day. [R is a recovering heroin addict and goes to a methadone clinic.]

Like being on welfare, at least I know I'm getting a check—it might not be much but I know I'm getting that and I know what I'm getting each month...you know it's gonna be there.

- ***Few who were approaching their time limits had a plan for the future.***

Many of those who were receiving TANF were approaching their time limits, but not one respondent could tell the interviewer specifically how much time they had left. Some guessed (“maybe about a year”), and the confusion appeared due in part to the possibility of waivers, applications for SSI (and confusion over what constitutes “cash assistance”), and the fact that many of these respondents were consumed by, and focused on, addiction recovery. None could offer any but a vague plan for a future loss of welfare, and many simply said they would have to find some kind of job somewhere.

Some said they worried:

I am always thinking about that [time limits]. I worry about it. What is my plan? Maybe I would go to Florida and move in with family there.

Several implied that faith would be the determinant:

I believe in a higher power, so I believe everything will be doing all right.

My life is in God's hands.

- ***Progress or changes in life circumstances were specific to each individual and often tied to addiction recovery.***

As with all the respondents in the in-depth sample, progress was difficult to assess without an understanding of context and the legacy of issues with which the women have dealt. In the following case, an unpaid WFNJ placement and a space to sleep on the living floor of a shared apartment marked substantial gain:

R currently works at an unpaid WFNJ job placement in a soup kitchen. She has been on welfare for many years and has struggled with cocaine addiction for nearly a decade. During the Round One interview, she said she was clean but appeared to the interviewer to show signs of active addiction. At the time of the Round Two interview, she had recently been released from a residential detox facility to which she had been admitted through the efforts of WFNJ staff. Her sister had cared for her children while she was in rehab. She appeared fragile and tentative. At the time of the Round Three interview, the interviewer reported that she was like a different person: radiant and happy, she had been clean for over a year and attended numerous Narcotics Anonymous groups each week. R loved her WFNJ placement and she and her children had moved out of a dangerous, drug-infested public housing project and was living with her sister. Because of space problems, R had to sleep on the living room floor, but she said she didn't mind because she was happy to have a decent place to live and a person with whom to share expenses.

PART B

SOURCES OF SUPPORT

CHAPTER 6

MAKING ENDS MEET: INCOME PACKAGING

In each of the survey years, we asked the respondents to describe their sources of income and how they how they worked to make ends meet. In this chapter, we describe the primary sources of income for all 63 respondents who completed the third round of interviews, regardless of their employment and TANF status. Across the group, we find that respondents drew on variety of sources, including earnings (from regular employment, side jobs, and EITC), social service programs, child support, and help from friends and family. Because only 24 of the 63 people interviewed in Round Three had earnings from regular employment (and most earned less than \$10 an hour), this “packaging” was critical to family economic well-being even for those who held jobs.

- *In about half the cases, other adults living in the household shared housing expenses or contributed earnings.*

One of the most common and significant ways to make ends meet was to share housing with other adults, and 33 of the 63 lived with a husband or boyfriend, family member(s), or friends (and, sometimes, a combination of these). Expenses for rent, utilities, and food were typically shared, and the respondents sometimes received cash from other adults for a variety of goods. EITC received by boyfriends and husbands was also a resource for the respondents. The 13 WFNJ clients who were still receiving welfare were the least likely to be sharing housing with other adults.

As described below under “Housing Situations,” in Chapter 16, these shared arrangements made housing more affordable but also frequently led to overcrowding.

- ***Formal and informal child support were common sources of support.***

At the time of the third in-depth interview, 19 of the respondents reported receiving a formal child support award, and many others received irregular or informal help from one or more of the fathers of their children (described in detail below under “The Role of Fathers” in Chapter 14). The number of formal awards has increased in recent years, probably spurred by the establishments of court orders as the romantic relationship between the mother and the father ends as the child gets older.⁴ The respondents’ comments indicated that some now view child support as an increasingly reliable portion of their income stream. In the Round Three interview, the WFNJ clients were much more likely than in Round One to list child support when asked what their income sources were, and several mentioned that a benefit to being off of TANF was that they collected the total award, without part going to welfare.

I like the fact that it is me, not the system, who is getting the child support now.

- ***All but a handful of the respondents continued to receive assistance from income maintenance or social service programs.***

At the time of the third interviews, most recipients (55 of the 63) drew on a number of social service programs for supplemental support. The most frequently used programs were Medicaid, NJ FamilyCare, and food stamps (Table 2).⁵ Most used multiple services, with an average of 2.6 (range 1 to 7); only two relied on just one program. Those most likely to be using food stamps were those currently receiving TANF.

As noted earlier, the use of various social programs and income sources varied by employment and welfare status. Those who were employed were the least likely to be using social programs. Their supports came primarily from earnings, EITC, and child support, with some using Medicaid, Section 8, public housing, and other assistance from friend and relatives. TANF recipients were the most heavy users of social programs, including food stamps, Medicaid, WIC, public housing, and food pantries. Those who were not working or receiving welfare were more likely to rely on supports from other household members, SSI, Medicaid, and food pantries.

⁴This is similar to the findings in the client study, which indicated greater number of formal child support among older children (Wood, et al. 2004).

⁵Not included in this count were other subsidized programs that respondents reported using, including before- and after-school programs, summer day camps, and free or reduced-price school breakfasts and lunches.

TABLE 2
NUMBER OF RESPONDENTS REPORTING USE OF SOCIAL SERVICE
PROGRAMS AT TIME OF ROUND THREE INTERVIEW

Program	Number of Respondents Using Program
Sample Size	63
Child Care Subsidy	8
Food Pantries	8
Food Stamps	23
Headstart	5
NJ FamilyCare	23
Medicaid	38
Public Housing	14
Section 8 Housing	10
Supplemental Security Income (SSI)	10
TANF	13
WIC	11

- *Another component of making ends meet was financial and other help provided by friends, family, boyfriends, and fathers of children.*

All the respondents also relied to various degrees on help from friends, family, boyfriends, or fathers of their children. Sometimes that help was substantial (for example, free or reduced rent and payment of heating bills). Other times it was an occasional meal or an emergency loan of \$20. While most respondents had friends and family who had regular employment, most of the acquaintances were also low income and limited in what they could offer:

So everybody...my grandmother, parents, helps each other....They help me so much that I'm too ashamed.

[Mother helps] she just comes and says you know, give me two or three bills. I give her like two bills, you know.

I had to ask my brother the other day for \$20 cause there was nothing to eat. Nothing.

- ***Making ends meet also included ongoing cost-cutting and income-stretching measures.***

In each of the survey years, the respondents described how they scrimped, saved, and stretched their incomes. This did not necessarily represent a response to changes in welfare receipt. Rather, these strategies were described as a routine aspect of managing scarce resources—whether those resources were made up primarily of earnings, welfare, or other income supplements.

These measures ranged from clipping coupons and shopping at thrift stores, to paying off bills a little at a time, to pawning jewelry:

I pay all the bills first, what money I have I go food shopping. I get [as] small packages as possible and noodle soup or whatever to stretch it out until I get paid.

I just got my jewelry back because I pawned it...if it gets that bad I can sell it.

We [go] to the Salvation Army. You get canned goods, and like pasta and bread. It be a struggle but...I go to the Village Thrift and I'll get my clothes from there. Try to catch sales and use coupons...

I try to get everything on sale and use coupons. I get a quantity of [food] and I separate it in Ziploc bags...When I go to get turkey wings I have to cut it up into little pieces and I put them in bag that lasts and they won't to waste. I got like six or seven bags...when I open them up and just get a certain amount.

[I] stretch a little harder and just do what I have to do...odd little jobs, lots of coupons.

I do without a lot of things for myself like new shoes and clothes, knowing I need them. It's like I have to take care of what's most important first, because I always figure if you have a place to stay, everything else will just come.

Everything that I have is old—furniture and everything, and like the kids will want this and that and you have to do without it.

I pay my rent on time, that first and foremost. But like the phone bill, I give them half or I'll call and try to make payments arrangements until something else comes. There's lots of people owe me money and they pay me back or I baby-sit or I borrow my sister's car and do transportation to make extra money.

Employment, EITC, and some asset accumulation had certainly improved the financial positions of some respondents (and many were on an upward path). However, nearly all continued to talk about the struggle of making ends meet, some with more optimism than others:

We are just tired of living from day to day. We are tired.

Everybody is struggling. We are struggling but it gets done.

I mean, life ain't easy, it's hard...but I got a roof over my head, food on my table, and clothes on my kid's back. So I'm just thankful for right now.

- *Over the course of the three years, the descriptions of the hardships faced were less extreme.*

During the first in-depth interview we asked the respondents to describe how they made ends meet and what kinds of hardships they faced. In this first round of interviews we had several respondents who described skipping meals because there wasn't enough food to eat, adults or children who did not have adequate winter clothes, and respondents who were evicted for not paying rent, and had phones disconnected because of failure to pay bills.

[To make food last longer] Sometimes we skip a meal, usually lunch time or breakfast. Like if for instance on the weekend we sleep late and skip breakfast and just go right into like a sandwich for lunch.

[When food runs low] I just go without eating at all.

I needed a coat. My son needed boots and hats. He walked around a couple of days with no hat and gloves which made him sick. Then he got a hat for a dollar, but he didn't have gloves.

By the third round of interviews, the hardships described tended to be less extreme, and as detailed above, were focused on ways to scrimp and stretch income (rather than going without food or clothing). Those shifts in descriptions may have been due to several factors. Some women had increased their earnings and income over the survey period. Others had widened and diversified their sources of assistance as they left TANF (including friends, various social services, and EITC). More were sharing household expenses with other adults (which may have provided more of a "safety net" for basic needs), and more reported receiving child support.

CHAPTER 7

ATTITUDES TOWARD SOCIAL SERVICES

As noted, many respondents continued to use social programs to make ends meet. We asked them to describe which had been most helpful to them.

- *Medicaid was named the best and most helpful social program, followed by housing subsidies, food stamps, and WIC.*

The WFNJ clients were nearly unanimous in describing the importance of various social programs to their family's well-being:

In order to keep a job when you have children, you need each and every one of those programs.

Every penny helps.

They are all good programs—every one. You need them to keep a roof over your head.

When asked which programs were the best or most helpful, the most frequent responses were Medicaid, housing subsidies (Section 8 or public housing), food stamps, WIC, and before- and after-school programs. They also named a host of others: food pantries, Boys and Girls Clubs, Head Start, WFNJ job programs, and counseling programs.

Here are examples of the wide range of programs they described as important to them:

[Catholic Charities] They give you the food once every week, a nice bag of food....They usually have tables of clothes and things like that you could go through.

[Medicaid] My son gets asthma, so I go to the hospital a lot and I don't have to worry about the bills...you can imagine how much it would be.

[WIC] because you can go home with cheese, milk, eggs, tuna fish. And you don't make many healthy things anyway so that helps.

[Head Start] They [children] will learn more by it. And when I go to [WFNJ job program] I am gone all day and I can't sit there and teach them the ABC's.

[SSI] Because that money—that's what keeps the house, the home.

[Section 8] Because it gives the parents an opportunity to provide a safe and good environment for the children instead of having to live in slums or on the street.

For some respondents, support from one or more of these programs was critical to family functioning, and the prospect of its loss was very stress producing. The comment below is from a respondent who is disabled and relies on SSI and food stamps to care for himself, his disabled wife, and their children:

Like a couple of months ago, I went to the machine for the Family First card and there was a mistake, a problem. Something happened and the benefits wasn't in there. And there is such a feeling that only you know if you are living through it. And I said Lord there is no food stamps in there. There is nothing. And I had the cart full of groceries at the store and I had to leave the cart there, ashamed, in front of everybody and take off. I found out later there was a mistake in the system.

Though the respondents described food stamps as one of the best and most helpful programs, many who were likely eligible were not using them. As described below under "Attitudes Toward TANF and WFNJ" in Chapter 8, many preferred to be free of official oversight and regulations.

- ***Before- and after-school programs were praised, especially among women who were working or participating in WFNJ programs.***

In addition to the programs mentioned above, many women—particularly those who were working and those participating in WFNJ job or training programs—praised before- and after-school programs, as well as subsidized summer camps. The women said the programs enabled them to maintain full-time work shifts and provided enriching, supervised settings for their children:

They go [before-school program] as early as 7:15[a.m.]. They can go there to get breakfast and then they're right there at school and the after-

school program starts directly after school and ends around 5:00, so it gives me time to work then get off.

It's good for the children....If I am late coming back from [WFNJ program] I know she is taken care of. It keeps her into the books and learning more. [Daughter] has been on the honor role and [after-school program] helps her.

[Because of before-school program] I could get to work on time. And so my children could get to school on time also—I didn't have to depend on anybody to get them there for me.

CHAPTER 8

ATTITUDES TOWARD TANF AND WFNJ

Over the course of the three rounds of interviews, we tracked the respondents' comments about their participation in TANF and WFNJ and found several trends. These were (1) growing acceptance of (though not necessarily deference toward) WFNJ requirements; (2) a shunning of food stamps and TANF by some because of "hassles," including intrusive regulations; (3) positive attitudes toward WFNJ job readiness programs; and (4) a mixed review of WFNJ caseworkers, which centered largely on client respect.

- *Attitudes toward TANF requirements shifted over three years from anger to acceptance.*

Over the course of the three rounds of interviews, there was a marked shift in how the WFNJ clients talked about welfare requirements. During Round One, there was a lot of anger expressed toward the new WFNJ program, confusion over the work requirements and time limits, and some disdain regarding the threat of sanctions:

They corral you all in this one room and tell you that you have to do this and that, but they don't really give you any options. Then they tell you if you don't do it you'll be sanctioned. It's like they threaten you....Well, you just have to sanction me, because I don't care.

Reading these and other comments in the context of a full interview, it was clear that fear was the basis for many such remarks. This fear took several forms: anxiety about looking for a job, concern about being able to handle work and family, and trepidation regarding a potential loss of a secure source of income:

Once you stay on [welfare] for a certain amount of time I think you become dependent on it, even though you know it's not enough, but at

least it's some kind of income. You are afraid that if you get off you're not going to make it and you won't have anything for you and your child. I just really had to step out on faith.

There are some of us that don't have enough education and job experience and the time they have [left on welfare] may not be enough for them to get the necessary requirements to find a job. It is a worry.

By the third round of interviews, most had knowledge of the requirements of temporary cash assistance and work. Many of the respondents had been sanctioned at some point, and they were no longer dismissive of the consequences of rule violations:

[R was sanctioned for not attending Work First activities.] Once I noticed that I couldn't pay my bills fully, I said that I had to go to the program.

There was also a sense that many (though not all) were less overwhelmed by the expectation that they must cope with child care and work. Most now had older, school-age children, had become more familiar with negotiating systems of child care, and had more employment experience.

- ***Many of those who continued to be overwhelmed or had difficulty meeting WFNJ requirements left welfare after being sanctioned.***

It appeared that at least one-third of those who were no longer receiving welfare had left after receiving a sanction and had chosen to leave rather than comply. Some of these respondents simply felt that welfare was too much of a "hassle", and they wanted to be free of the reporting requirements and find jobs and manage on their own. But for others, significant problems or issues interfered with their re-entry and compliance. For example, three respondents with serious learning disabilities (two could not read) said that they had been so embarrassed by the display of their disability in a WFNJ setting that they avoided the program, received a sanction, and would not return because they feared further humiliation.

I had to take a test [at Work First] and I scored second grade. I started crying and I said, "Oh God, I am so dumb." I never went back.

Some were overwhelmed by the need to juggle employment, reporting requirements, and the need to manage children and a household as a single parent, and were clearly emotionally strained:

[R said she could not manage the reporting and work requirements and raise her three young children. She did not return after a sanction.] The whole welfare thing is a hassle. They don't know me, they don't know everything [her stress level]...they want you to do 40 hours and it is a long

time from my kids and to find someone to watch them. I take care of myself doing hair. [R does hairdressing in her apartment.]

Some who left the program had addictions and wanted to avoid drug testing or intrusive questions. Others who had failed to return after a sanction had serious mental illnesses and—as with those with addictions—could not manage the reporting and work requirements:

It's too much hassle, and they are too nosy—they want to be in your business.

You see I don't know if I can work because of my problems. It is all very stressful for me.

- *Many who were no longer receiving TANF said that they were probably eligible for welfare or food stamps but preferred not to apply because of the “hassle” and intrusive reporting requirements.*

Almost one-half of the respondents said that they were probably eligible for food stamps, TANF, or other public programs that they were not currently using. They said they avoided them primarily because of “hassles,” including intrusive rules and the need to continually report changes in income:

It is too much of a hassle on welfare...they were always hounding me....I'd rather struggle, to be honest with you.

They ask you to do certain things, and when you fulfill the requirement, they...will hand you another paper of requirements.

[I] will never go back—they put me through so much for only \$320 a month.

[I will not apply] because they have too many requirements, they ask too many questions.

As much as I need food stamps, I haven't gone back. With the attitude you get...I'm not dealing with it.

Several mentioned that going to the welfare office was extremely time-consuming, and many told of long waits, lost documents, or sanctioning mistakes:

If I never have to go that route again I never will. It's hard now because they are changing the welfare system so much—it's hard to see a caseworker. You go for a 9:00 appointment, you won't be seen until 11:00. Then you have other appointments you have to work on. They lost my whole file.

One hand don't know what the other is doing. There's one section for school and the other for money. If your school section doesn't keep up with your paperwork you get sanctioned...one don't know what the other is doing.

The most frequently cited benefit of a TANF exit was being free of official oversight and regulations.

It's been better, I mean, I don't have to go and answer all the questions of where [husband] is working, where is he living. And the child support that they were taking. And I was only receiving \$50. It wasn't worth it.

[I like the] independence. You know, being able to provide for my children with things that they need and not having to ask somebody, "I need assistance with this"....I'm able to get most things myself.

I think my life goes a lot smoother being off the system.

Several also referred to their discomfort with the stigma attached to welfare receipt:

I just don't feel comfortable being on it....It made me feel poor, you know. I don't want my daughter to go through that.

Others felt they had taken a step forward when they left welfare, and they don't want to go back:

[R works and is struggling to make ends meet.] People tell me I probably qualify for a little bit of food stamps. I don't want that. That's like taking a step backwards to me.

- ***Over the course of three years, attitudes toward the Work First job readiness programs had grown mostly favorable.***

During the first round of interviews, there was much grumbling about the need to attend WFNJ job readiness programs. Some complained, some thought they would be a waste of time, and a few said they might be beneficial. By the third round of interviews, most felt the programs had helped them, primarily in producing a resume and preparing for a job interview. Many credited WFNJ with having given them the polish and job search knowledge they needed for employment:

They did a resume for me and trained us on how to speak and talk when you go for an interview.

It gave you a lot of basic knowledge. How you should look, what questions to ask. That was what I was looking for and that's what I got out of it.

Truly it helped me....It helped me with being more oriented and more organized with situations.

I loved everything. You have to come in there and dress properly. You just can't wear anything. They make sure you come in just like if you go on an interview....You can't go in with an attitude. They teach me everything on how to talk right, like if I call for an interview....Now if anybody else was going to say from the street, they would say, "Hello, well, I'd like to speak to the boss. I need a job...." You can't do it like that.

Many also found it motivational:

When you go through [WFNJ], it gives you a positive attitude about being self-sufficient...because who wants to sit home and get a handout?

When I went and completed the program, that really gave me a lot of motivation to push on and follow my goals and don't give up.

It really prepares you to go out there and find a job because welfare makes you go lax. You know what I'm saying? It puts you in a rut.

They taught me a lot of things I didn't know, like how to build my self-esteem with speaking in front of people.

Not all respondents were equally appreciative. Some felt the job readiness sessions were too easy or too boring. A few thought the content was too difficult, and several of those who had low literacy skills felt there should be special classes for those who had trouble reading or writing. Some negative responses appeared to be related to particular teachers or to respondents who were not easy to please.

- *WFNJ clients described their experiences with their caseworkers as mixed. There were "good" and "bad" caseworkers, and both praise and complaints centered on respect.*

Most of the WFNJ clients had experiences with more than one caseworker, and nearly all said that some were good and some were bad. Their descriptions of the qualities that made a good caseworker were highly consistent: someone who was respectful, caring, and helpful:

He's respectful, he's nice. He's got good attitude....He listens real good and he gives good advice and he takes his time with his clients.

The good ones are the ones that explain and break down [rules] for you if you don't understand. They let you know the time you have left [on welfare]....They are willing to go the extra mile to help with a problem.

I had like two or three workers that was excellent. Anything they could do for you to help they would. But some of them, they just don't want to do their job. I guess they are just burned out...tired.

Complaints about caseworkers were also described with great consistency and focused on a disrespectful attitude manifested by harshness and "talking down" to clients.

Some has nasty attitudes. I know mine does.

The woman was very nasty. She talked down to me.

They think that because you are in the system you're less than they are.

Some of the caseworkers are nasty. Some of the people talk to you like you're not anything. They think that you're less than them if you're on welfare.

Another frequently repeated comment described caseworkers as treating welfare money as though it were "coming out of their own pockets," and several said that they resented the perception that welfare recipients had never contributed taxes to the system.

She is the snobbiest woman you ever want to meet. She acts like somebody owes her something....She acted like she was the one giving me the money....I was a taxpayer at one time, and it's my money that I'm getting back.

If these things are out there for me to use, by all means let me have access to them. But I think it is the caseworkers that basically deny you the access....They give you a hard time.

I had an argument one time with one of the caseworkers and I said, "I always worked all my life. It's not like you're giving me anything I haven't achieved. It's not your money, you know."

The people that interview you treat you like they are giving you the money out of their own pockets. They have you sitting there waiting all day and they swear you are lying. It is just their whole aura.

CHAPTER 9

SOCIAL NETWORKS AND SOCIAL SUPPORTS

We wanted to find out more about the network of family and friends that provided supports to the WFNJ clients. We were particularly interested in whether they had connections to people who were resources for emotional support, assistance with emergency or basic needs, or job leads.

In the Round Two interviews, we asked questions to find out whether the WFNJ clients had people in their networks in whom they could confide or from whom they could borrow \$100, borrow sugar, receive help if they were ill, or get assistance with baby-sitting. In Round Three, we had the respondents fill out a network map so we could gain additional information about the size and composition of these networks. We asked respondents to mark on a pie chart the initials of people they knew and with whom they interacted within different categories, including friends, family, neighbors, work associates, and people they knew from organizations. Concentric circles emanating from a center point (representing the respondent) signified zones of social closeness, with primary relations marked by the area closest to the respondent. We also asked follow-up questions covering whether there were people listed on the network map that they could talk to about a personal problem, borrow \$1,000 from, and get help from in finding a job. We also asked them to name the types of jobs that the people listed held.

This section summarizes the social support and networks held by clients based on their responses to these questions in the Round Two and Round Three interviews.

- *All but a few WFNJ clients identified family or friends who provided them with social and instrumental support, though a small number of people appeared to provide the bulk of this support.*

All but a handful of the respondents answered yes to the questions regarding the presence of people who were a confidante, or provided money, baby-sitting, and help if they were ill.

The respondents named about equal numbers of friends and family (including mothers, brothers, cousins, and aunts) as providers of this support. It was the norm for the WFNJ clients to name one, two, or three people they said provided all these categories of support. For example, the same person who was a confidante might also be named as the one who could help with baby-sitting and loan money. Friends and family were often providers of multilevel support, as needed:

[Best friend] is always there when I need him, and I can always talk to him about any kind of problem....He also helps me pay my rent and my bills when I need that.

I can sit back and talk to [mother and sister]....They help me out with basically everything. If I need a ride somewhere, or if I need somebody to pick something up for me.

I got into a situation where I couldn't pay my rent and they locked my apartment, and I had to find that money in a week and [best friend] let me stay in her house. Me and my two kids with no problem...she took care of us.

[Best friend] She listens...and she helps me with child care sometimes. She has a car so she helps me with food shopping sometimes.

These relationships were often reciprocal, and the respondents described ways they provided support in exchange:

I baby-sit [best friend's] daughter sometimes. Or if she needs me to clean her lawn or something I'll go over and help her out.

And if I'm out somewhere and I'm shopping and [mother] is not with me, I'm picking her up something....In the middle of the night she'll call me and I'll...give advice.

We note, however, that the presence of people who could provide support did not mean that the WFNJ clients had a large, resource rich network. Rather, the descriptions were of people who were typically in similar social and economic situations and shared what they had to help others make ends meet. Most of this sharing appeared to occur within a small circle of two or three friends or family members.

- ***Social networks were made up primarily of family and friends, with fewer neighbors and work associates.***

The average number of people the respondents listed on the network map was 10, with a range of 2 to 27. About 38 percent of the people listed on the maps were family, 29 percent were friends, 12 percent were people they knew through organizations

(primarily churches), 11 percent were neighbors, and 9 percent were people they knew from work.

As described later in this report (under “Characteristics of Neighborhoods” in Chapter 16), neighbors were not a primary source of interaction and support for these respondents. Because so many lived in neighborhoods with high levels of crime and violence, many reported that they tried to minimize time outdoors or in contact with neighbors.

- ***The people in the respondents’ social networks held a variety of jobs that represented a potential—though apparently underused—employment resource.***

We asked the respondents to name some of the jobs held by the people listed on their network map. Their responses indicated that they were not socially isolated from people who were employed. All but five reported that their network contacts included people in the labor market, and the number and range of jobs listed were substantial.

Most of the jobs named (43 percent) were in the lower-wage service sector: security guard, food service worker, home health aide, cashier, waitress, janitor, and cook. Another 12 percent were clerical (primarily secretarial). Though low-wage, these jobs were often located within institutions that typically employed a wide range of staff at various levels: hospitals, universities, and state offices such as DMV and the Labor Department.

About 12 percent of the jobs described were blue collar and included factory worker, construction worker, bricklayer, and truck driver.

Almost 34 percent of respondents’ network contacts held professional, technical, or managerial positions. Professional contacts were most often teachers, nurses, police officers, corrections officers, and social workers. A handful knew people who worked with computers in a technical job, 10 percent had network contacts who were in a managerial position, and 4 percent knew business owners.

We asked the respondents if anyone in their social network could provide them with a job lead. Twenty-one percent said no, and 79 percent said yes. Of those who said yes, more than one-third named only one person in their network who might provide a job lead (even though they named several acquaintances who were employed in different positions).

Many of those who said yes qualified their answer. Several said they supposed they could ask these acquaintances for help with a job lead but had never done so. Some said that they had not asked because they did not think jobs would be available. One respondent couched her hesitation in self-doubt regarding her own abilities:

I wouldn't ask because if something happened...or if I messed up...then that would reflect on them. And I wouldn't want to do that.

It appeared from the comments of the WFNJ clients that tapping the employment networks of their friends and family was not a strategy that most had actively used in their own job searches.

- ***The networks of WFNJ clients also included people viewed as a negative influence, often because of substance abuse and/or incarceration.***

While nearly all the WFNJ clients identified people they could draw on for support, the networks of most respondents also included people they felt were an emotional or financial drain and exerted a negative influence on them and their children.

These contacts were often ex-boyfriends and the fathers of their children, but they also included brothers, sisters, mothers, friends, and acquaintances. Sometimes the problems the respondents mentioned were extreme and centered on drugs, crime, and incarceration.

[R has an ex-boyfriend who continues to call the house regularly, which causes emotional strain for R.] He steals a lot and he is better off in jail because somebody's gonna kill him one day.

[R's mother has been a drug dealer since R was a child and a continues to be a source of conflict and strain.] My mom did years in [prison]...one of the biggest-time drug dealers out there....She is nosy and gossips about me and...I don't even go over there any more. [My kids] see all that [drug dealing]....I don't want to see that. I can't deal with that.

- ***Memberships and affiliations with formal organizations—including churches—were few.***

We asked the WFNJ clients if they had any formal or informal memberships or affiliations within a broad range of organizations—including churches, clubs, church-affiliated organizations, informal groups or gatherings, Parent-Teacher Organizations (PTO), and bowling leagues. We read a list of 14 types of organizations to the respondents and probed to see if there were others not on our list in which respondents might be participating.

About 45 percent of the respondents said that they had no formal or informal organizational affiliations. Slightly over one-quarter belonged to one organization, which was most often a church. About one-fifth had two organizational affiliations, and a handful belonged to 3 or more.

The organizations the respondents cited most often were church, PTO, church-related groups (such as choir or Bible study), fitness club, union, and informal card-playing groups. Others listed by one respondent each included Girl Scout leader, NAACP, Karate group, and Narcotics Anonymous.

- *The segment of WFNJ clients who named the fewest friends or supports also reported having serious mental illness or drug addictions.*

Two WFNJ clients said that they had no friends and no social supports or contacts, and seven said that they had only two to four people in their networks. Of those nine respondents, one was currently in a detox center for cocaine addiction, one had just been released from jail for DUI (driving under the influence) and was a heroin addict, four reported having been diagnosed with serious mental illness of bipolar disorder, paranoia, or schizophrenia, and three said they were currently clean but had struggled on and off for years with drug addiction. As such, the people from this sample who were among the most vulnerable reported having the fewest social connections on which to draw.

CHAPTER 10

ROLE OF FAITH AND RELIGION

As noted above, few of the respondents were formally enrolled as members of a church. Yet faith, prayer, and spirituality were important and frequently mentioned as forces in their lives.

- *Most respondents were not church members, but they practiced their faith at home alone or with others.*

Only one in four of the respondents interviewed in Round Three said that they belonged to a church or other religious organization. We got little information, however, on why the respondents did not join or attend. A few mentioned that they did not have the money to contribute as would be expected, and a few said that their work schedules made it difficult to make a membership commitment. One noted that she had left a church after a minister declared that unwed mothers were sinful. Most simply said that they didn't need a church in order to observe their faith.

I do pray here in my house, so that's like my church.

We don't go to church. My grandmom comes to the house and reads the Bible and gives us lectures and we listen.

[R has a cousin who is a preacher.] He stops by here and he'll have a prayer with us and everything...or if I see him out on the streets he'll stop and talk and have a prayer with me.

I can worship at home...I don't want to go to church and just sit there...to see who's got the biggest hat on.

- ***Despite a lack of formal membership, most of these clients said that they were religious and that a faith in God was one of their primary resources for coping and support.***

In our Round Two interviews, a strong theme that emerged from our open-ended questions was that many women firmly believed that their life was in God's hands. As a follow-up, we included a scaled question in Round Three that asked how often "My course of life is directed by God." Fifty-eight percent said "always," 17 percent "often," and 15 percent "sometimes." A handful said "rarely" or "never."

I know God will provide, and I'll provide the other things as needed.

God's going to bring you through, don't worry about your circumstances.

And He always sends me blessings no matter how bad it get and I'm down. You go through a bad time but He'll always make it brighter. And somehow things always get better.

Another theme that emerged in Round Two was the extent to which many respondents used *prayer* as a means of support and coping. In Round Three, we asked respondents how often, "If I really want something I pray to God to bring it to me." Fifty percent said "always," 22 percent "often," 16 percent "sometimes," and a handful said "rarely" or "never."

I start out with the "Lord Is My Shepherd" every morning. I say that before I leave [for work]. "The Lord is my shepherd, I shall not want." And it takes me through the day.

[Interviewer: What helps you cope?] I pray every day, and I've taught my kids to pray everyday.

My strength is prayer. If I didn't believe in prayer, I would have fallen apart a long time ago.

- ***Prayer was frequently mentioned as a primary avenue for help seeking among those with addictions and depression or serious mental illness.***

Several respondents who were dealing with depression, addiction, or other family and life problems stated that one of the *primary* ways in which they sought help was through prayer rather than through a psychiatrist or professional or acquaintance.

When I was like back in my addiction it was like, "God, please just help me take this burden away." God said, "Well, you want me to help out? Here's what you go to go through."

[R has severe depression.] Like sometimes if I get into one of my little moods where I'm real down and depressed, I might sit back and say a little prayer. Then I'll feel this joyous thing, and I can get up and I'm fine. It helps me out when I get into my little spells.

[Interviewer asked if R saw a doctor following a mental breakdown.] No, I went to Dr. Jesus and I prayed.

PART C

PERSONAL CHALLENGES AND INDIVIDUALIZED PATHS OF PROGRESS

CHAPTER 11

PERSONAL CHALLENGES: HEALTH, MENTAL HEALTH, SUBSTANCE ABUSE, AND PHYSICAL ABUSE

As mentioned earlier, the people interviewed for the in-depth study reported strikingly high levels of mental illness, substance abuse, and recent or past physical or sexual abuse, as well as moderate to serious health concerns.⁶ For many, these challenges strained their ability to cope with work and family. In this chapter, we describe the extent to which respondents talked about their personal challenges and the types of challenges they faced. In Chapter 12, we describe how they coped with these challenges and how individualized the paths of progress were even for those who were employed or trying to become part of the labor market.

A. PHYSICAL HEALTH

In each interview year, we asked the respondents to describe physical health problems they were having. Many of the WFNJ clients reported that they or their children had ongoing minor to moderate physical health problems, such as back pain, asthma, high blood pressure, and diabetes. These health issues typically did not prevent them from working or caring for their families. They did, however, present a challenge because of frequent medical visits, disruptions to family life, physical discomfort, and anxiety regarding treatment, as well as having the money or insurance coverage to pay for medical visits and medications.

⁶It is important to remember that our in-depth sample was purposefully selected to include more of those who were long-term TANF recipients, as well as those off TANF and not working. These groups are somewhat more likely to be at higher risk of experiencing personal challenges. While interviews provide insights into the complex worlds of these respondents, the numbers and proportions described here cannot be generalized to the full sample of WFNJ clients.

- *Some suffered chronic illnesses that hindered employment.*

For a minority of the sample, physical illness was serious or chronic and made it difficult or impossible for them to work. Of the 63 people interviewed in Round Three, 8 said they could not work in regular employment because of physical illness. The conditions were wide ranging and included muscular dystrophy, kidney disease, heart disease, severe arthritis, and spinal disease. In addition, three of the respondents had children who had serious, chronic illnesses that required full-time care. One respondent cared full-time for his disabled wife who had recently had a kidney transplant.

All but two of the respondents who had serious illness or who cared for a seriously ill child or spouse were not working in regular employment (though a few had unreported side jobs). Their primary income sources were SSI and TANF: four were receiving SSI, three TANF, and one both SSI and TANF. The others relied on income from a variety of sources including the earnings of other adults living in the household, side jobs, and child support. Two of those who were caring for ill children held part-time jobs.

As with many other respondents, those with the most serious illnesses also often had an array of challenges and complicated life circumstances, as the examples below illustrate:

R was born without a bladder and has many kidney and other health problems, including migraines and ulcers. She is currently on SSI and has a side job baby-sitting. She has two children, ages 10 and 16, and also receives TANF, food stamps, and Section 8. She takes medication for depression and sees a counselor regularly. The father of her youngest child is a drug addict and was physically abusive to her and her son. R reports that she has difficulty paying all her bills and is barely making it.

R is currently in a nursing home. She has many physical problems, including diabetes and emphysema. She is now nearly blind and has difficulty standing and walking. She was diagnosed with bipolar disorder and says that without her medications she is “just a bundle of nerves, crying all the time.” R was an alcoholic and a cocaine addict for decades and was in rehab several times. DYFS removed her four children from her home. Her youngest is now 16 and lives with a relative. R has a seventh-grade education and worked off and on at various low-wage jobs throughout her life. She now receives SSI. R says that she copes by “praying to God” and that her disability has “given me strength.” She went on to say: “People take walking, seeing, hearing...all for granted, until you lose something....My pattern of life is laid out for me and this is what’s happening and I could either deal with it or go bananas. And right now I don’t choose to go bananas. I just have to deal with it.”

R lives with her husband and three children. She has muscular dystrophy and has found it too exhausting to work and raise the children—she now

stays home with them. She left welfare after being sanctioned for absences to WFNJ activities. R also takes medication for major depression. The family lives in Section 8 housing in a neighborhood that has a lot of violence and crime, and they would like to move out when they can afford to. Her husband has a steady job and hopes to soon become a union member, at which time they hope their finances will improve. Currently, they have trouble paying their bills on one income.

B. MENTAL HEALTH

We asked the WFNJ clients if a doctor or other professional had ever told them that they had depression or another mental illness. We also asked if they had been prescribed medication or if they had received counseling or other treatment.

As noted earlier, 48 of the 63 people interviewed in Round Three said that they had been told they have depression or a serious mental illness, including schizophrenia or bipolar disorder (11) and depression (37). More than half of those who said they had depression reported additional symptoms or disorders, including panic, high anxiety, mood swings, or flashbacks. None of the 11 with schizophrenia or bipolar disorder was employed.

- *Few of those with depression or severe mental illness were taking medication or receiving treatment for those conditions.*

Only 11 of the 48 who described symptoms of depression or serious mental illness were currently taking medications and/or seeing a psychiatrist or counselor. Only two of the seven who were diagnosed with schizophrenia or bipolar disorder said they were currently taking medications and receiving counseling. (One of the two had just received medications the previous week, when she got medical attention after jumping off a bridge in a suicide attempt.)

Most had been prescribed medications at some point, but several were not taking them. Some said they could not afford them, while several others said they had them but were not taking them. The reasons for this varied: some did not like the side effects, while others said that they did not want to be bothered.

One respondent—who described being extremely fragile emotionally—said that she had been referred to a community mental health center but was afraid to go because of the stigma:

I am afraid they [potential employers] are going to find out and they see this record, then I am not going to get a job....They are going to think that I am crazy or something because I am coming from Mental Health. So I didn't go.

- ***Many described methods they had devised that entailed a “self-treatment.”***

We asked those who were not taking medications or receiving counseling how they dealt with their depression or other emotional problems. Most described some method they used to calm themselves, and many relied on prayer:

I try to just relax my mind, focus, go to a quiet place, think about things, balance it out....

I sit back and block everything out. That is my way of dealing with it.

I just talk to God and He'll heal it all.

I am very unhappy right now because I feel trapped...I keep a lot inside.
[Int: How do you cope?] I just sit and read my Bible at night.

Several told us they currently needed counseling (or their doctors told them they needed counseling) and wished they could receive it.

- ***Those who had received counseling found it beneficial.***

Referrals to counseling came from many sources: general practice medical doctors, emergency room physicians, DYFS, clergy, and WFNJ. All of those who have been (or are) in counseling spoke of the experience in positive terms:

[R attends counseling sessions at a church.] If you are like losing your mind or worrying about bills and all of this and that—the counseling program is superb. It is great.

[I like it] because I get to talk about a lot of stuff. It used to make me relax and all.

[R's children were removed by DYFS because of an abusive boyfriend living in the house. He was so abusive that R said she “wanted to kill him and go on with my life. I'd just do the jail time.” She said that the counseling DYFS provided “changed her life.”] It made me a stronger individual to see the things that I don't want my kids to go through.

It [psychiatric treatment] got me out of the house. Before, I never used to go out the door...I wouldn't walk out the door because I didn't want to get lost.

It [counseling] is good...keeps my attitude down...stops me from lashing out at people.

[R suffered a nervous breakdown after losing her job and her medical insurance coverage. She said that a doctor “saved my life” after treating her for free.] He said, “Don’t worry, it is going to be ok. We are going to get you back together.” He gave me the medications—and everything calmed down.

C. SUBSTANCE ABUSE

In each of the three in-depth interviews, we asked the respondents if they had ever had a problem with drugs or alcohol. As mentioned earlier, it was common for a respondent to answer “no” to a question about substance abuse in one of the interviews but later provide details about their addiction after rapport with an interviewer had been established.

Almost one-third of this sample—20 respondents—reported that they had current or recent drug addictions to cocaine and/or heroin. About a third of those who had drug addiction also reported problems with drinking. A few said that their addiction was with alcohol only. Across the three years of interviews, those respondents whose lives were most challenging and chaotic were often those with current or recent problems with addiction. Fourteen of the 20 who reported current or recent addictions were not working. Nine were receiving TANF, and three were receiving SSI. The other two received some assistance from family and friends.

- ***A majority of substance abusers have received treatment, and several had been referred by DYFS and/or WFNJ.***

Of 20 who described past or current problems with drug addiction, 14 were recently or are currently in treatment. Most had relapsed one or several times. We did not hear from all of these respondents regarding how they had been referred to treatment, but at least five mentioned that DYFS and/or WFNJ had intervened and arranged counseling or rehabilitation. Other referrals came from friends, doctors, or church staff.

It was Work First [that] sent me to that rehab.

Everybody around me was doing it [cocaine]. I looked in the mirror one day and I didn’t like what I saw. Took a bus home, back to Jersey. and called one of my friends that I knew in a program, cause of my mom (who was recovering from addiction), and had him pick me up and take me to meetings.

Most said that a crisis precipitated treatment: they had lost their home or children, they were completely “down and out,” or they had been hospitalized with a medical emergency.

The coke, you know, it ran my life...it took everything.

I started to get unmanageable and my kids saw it. You know, saying that “Mommy, you need help.” [I was] not paying my rent, not buyin’ food and stuff for the kids.

Most of those who had recently been, or were currently, in treatment praised the rehab programs and the results:

When I stopped using drugs it like all fell together. I stopped, I joined the church. I have a job. It’s like my whole family knew what I was doing and they saw me do a 360-degree turn.

I was an addict and an alcoholic. The more help the better. I like going to my meetings [Narcotics Anonymous and Alcoholics Anonymous] and talking to people who got more years [abstained]....It’s good to hear people talk.

They [drug rehab] teach you how to, you know, deal with things in your life...And it really helped because I feel as though when things bother me I used to have to break down in a ball...and we would go in there in class and would be in discussion. And we would have to use like a lot of feeling words like angry, sad, mad, you know....I would put down all my feelings and underline them words and there was like this scroll, it was like we had to realize, you know, something—it was really helpful because when I was really mad I used to put a lot of it down on a piece of paper.

Some who are currently addicted said they have refused treatment. They were vague in discussing why they had refused treatment for their substance abuse; their comments indicated that they were not ready or able to confront the addiction.⁷ Others who had been treated in the past have experienced relapses and expressed being vulnerable to future problems. Some said they tried to deal with their problems on their own. Several mentioned prayer and “speaking to God” as a coping mechanism.

When you don’t have nobody, God is here.

⁷Those who *had* participated in treatment often described a crisis, mandate (from DYFS, for example), or an experience of “hitting bottom” that spurred their treatment. Most who were in recovery had undergone a cycle of treatment and relapse.

- *Those who reported drug addiction often described many problems involving work, home, family, and often mental illness.*

Those respondents who are currently using drugs or recovering from addiction often described lives that have been marked by erratic or sparse employment, evictions, lack of money, DYFS involvement with children, and a chaotic life situation. Mental illness also contributed to the difficulties, with 16 of the 20 who reported addictions also stating that they had been diagnosed with depression, panic or anxiety, or serious mental illness. Here are two examples:

R had a drug and alcohol addiction for many years. Her six children were removed by DYFS, and returned two years ago after R had been in treatment (through referrals from DYFS). R has a ninth-grade education, and the only job she has had was as a home health aide. She currently receives TANF and is participating in a WFNJ program. R suffers from major depression, which she says is “constant” and makes it difficult for her to take care of her children. R says she cannot remember things day to day and has to “write everything down on a piece of paper in order to remember.” R takes medication for depression and was recently referred to group counseling by WFNJ. R feels that the counseling has been extremely helpful. R lives in a neighborhood, which she says is “drug infested,” with much fighting and gunshots from drug dealers. Consequently, she tries to limit the time she and her children spend outside.

R is on welfare and has not had a job in many years. She cannot read or write. She has been hospitalized several times for psychiatric emergencies and reported that she has tried to commit suicide six times, most recently one month ago. She is a recovering cocaine addict and has been attending Narcotics Anonymous meetings for two years. She has been given medication for depression but is not currently taking it (unclear why not). She said she copes by “talking to God.”

D. DOMESTIC VIOLENCE AND PHYSICAL ASSAULT

Over the course of the three in-depth interviews, we asked the WFNJ clients to talk about a wide range of experiences, including their childhood, current home life, and relationships with men. Their responses frequently contained stories of trauma related to violence and abuse. We also asked them directly in each interview if anyone had ever hurt them or been violent to them. The number of respondents reporting abuse was startling, and the abuse was verified by descriptions offering credible detail. As with questions about substance abuse, it was common for some respondents to answer “no” to questions about personal violence but subsequently describe violent incidents in response to another question or in a later interview after rapport and trust had been developed with an interviewer.

- ***There were high levels of domestic violence, physical and sexual abuse, and witness to violence among these WFNJ clients.***

Over the course of three interviews, 44 of the respondents reported that they had experienced physical or sexual abuse at some time in their lives. Twenty-nine said they had been abused in recent years by boyfriends or husbands, and several currently had restraining orders against former boyfriends. Twenty-three reported having been abused by their parents or other family members as children, and four said they had been raped as children. At least five of those abused had been raised in foster homes. A majority had also witnessed violence, such as physical abuse between parents or violent crime in their neighborhoods. For some of the women, violence was lifelong: they had been abused as children, were in violent relationships as teens or adults, and lived in neighborhoods in which violent crime was prevalent.

- ***Nearly half of the respondents had experienced domestic violence. Few of those relationships were still intact.***

The women dealt with the abuse from boyfriends and husbands in various ways. Several had restraining orders after involving the police, and a few women had fled to shelters. In most cases, either the man or the respondent broke off the relationship, but sometimes only after prolonged abuse. Many of the women continue to have contact with abusive former partners because the men visit their children.

I got hit, bruised. I called the cops finally and they put him in jail.

[R had been physically abused by a boyfriend for several years.] My neighbor, she got tired of me being abused and she was like, “You shouldn’t have to go through that. It’s bad enough the baby has seen it.” He was going to hit me this particular day and she had me in her house and she was like, “You’re not going to touch her.” She called the cops and had them take me to a shelter.

R’s boyfriend was violent to her and her children for years. She left him after a Christmas Eve dinner when “he poked me in the face for the last time.” “I can’t have no violence around my kids like that. Especially my son, you know. I don’t want him growing up beating up no women.” The man continues to visit his children, and R is unhappy about his influence on them.

- ***Physical abuse left many women mistrustful.***

We asked the women what effect they thought the violence had had on them. Most said they did not know. Several mentioned that it had made them mistrustful of people.

Others said they had depression or difficulty with intimacy. Some wanted nothing to do with men or preferred to keep to themselves:

My husband was violent...beat me up. It makes me don't want to be bothered with any men.

I don't go around nobody. I just, I be with my sister or my cousin or be in the house.

I didn't let anyone get close....I don't ask people for nothing....I didn't want to trust anybody.

I don't trust no man—I want to be on my own.

[The father of R's son was extremely abusive to R and stalked her after she broke off the relationship. He is now incarcerated. She said the abuse left her depressed and that she has difficulty trusting men.] I had to sit back and I talked to [new boyfriend] for a long, long time before I even let him breathe on me, you know?

[R was beaten by former boyfriend.] I mean I'm really cautious about men. That's why I really don't want any boyfriend living with my kids.

- ***A majority of those with drug addiction and serious mental illness had suffered trauma related to violence as children or teenagers.***

As mentioned above, drug addiction and mental illness often occurred together in this sample, along with childhood abuse. A majority of those who have experienced drug addiction and almost all of those with serious mental illness had suffered trauma related to physical or sexual abuse as children or teenagers. The stories of abuse told by those with serious mental illness or addiction were among the most extreme:

R is a recovering cocaine addict and has major depression and panic attacks. She described a chaotic childhood in which both of her parents were drug addicts, and she was physically abused by her mother. She was removed from their home by DYFS and raised by her grandmother. R was raped by her grandmother's boyfriend at age 11 and placed in foster care. She said she ran away from her foster homes "hundreds of times." Currently, R lives alone with her 6-year-old son. The father of her son is a drug addict and was violent toward her. Two years ago, she was homeless for a while after being evicted from her apartment because of activities related to her drug addiction. She was sanctioned for not attending a WFNJ program, but she said a doctor wrote a note explaining that she has a mental illness and she was reinstated. R recently had a daughter who was stillborn. The baby's father died in June of kidney failure and R was

devastated. R says she is currently very depressed and does not eat for days. She has no one to help her financially and no money to pay her bills. There is no mention in any of the interviews of any application to SSI.

R's mother was a prostitute, and R says as a child she was abused by an adult male and placed in foster care where "there was no one to guide me." R has a ninth-grade education. She had her first child at age 15 and has four children by three fathers, two of whom were violent to her. She says she currently suffers from flashbacks and severe depression, which she says are related to sexual abuse she suffered as a child. R is currently not working and not receiving TANF. She was sanctioned for not attending a WFNJ program and has not returned. Her only source of income is from a side job doing hairdressing.

R was born in Puerto Rico and has a first-grade education. Her mother moved to the United States when R was a toddler, and she was being raised by an aunt. When R was around 7 years old, she witnessed her aunt's murder. She was then sent to live with her mother in New York City. Soon after her arrival her stepfather tried to rape her. R suffers from serious mental illness and said she tried to commit suicide the week before the interview. She has been prescribed medication for depression but she says she does not want to take it. She was hospitalized after the suicide attempt and is now scheduled to see a psychiatrist. R has not worked for two years and left welfare after being sanctioned. She applied for SSI but was turned down. She lives with her husband who she says is disabled, but his application for SSI was also turned down. Their income consists of food stamps, public housing subsidies, and child support.

CHAPTER 12

COPING WITH CHALLENGES: INDIVIDUALIZED PATHS OF PROGRESS

Many of the examples quoted above depict respondents who are not working, and who are struggling with mental illness, addiction or recovery, or other trauma. Yet there were other women who had experienced abuse, addiction, or depression and who were maintaining both work and family life. We looked at many different variables to try to decipher what contributed to their resilience. Clearly, the most serious and untreated mental illnesses and addictions were a causal factor in the unemployment of some. But it was less obvious what was influencing many of those who were part of the labor market yet had an array of current or past personal challenges and traumas. A majority of both groups, for example, had network supports, a strong faith in God, and lived in similar neighborhoods, etc. Some attributed their perseverance or progress to God, a person in their lives who had been a strong and positive influence, or WFNJ. But we could not, from this data, identify which clusters of social, economic, or personal factors were making a difference. Below are some examples of women who have struggled against odds to achieve steady work.

In an earlier section, we mentioned a respondent who was happy with her higher-paying job as a construction worker. Her success at work came after a number of personal challenges. Here is her story:

R has been employed as a construction worker for many years, and she has participated in a number of job training opportunities that have allowed her to advance in pay and job status. She now makes about \$26 an hour. She got the job through a friend who was a member of the union and “put a word in for me.” R’s children range in age from 11 to 19, and her oldest daughter is now studying at Rutgers. She lives in a house that her father owns and pays rent to him, and she recently purchased her first car.

R [now in her mid-30s] says that, when she was in her 20s, she had a violent temper and was arrested for assault. R said she abused drugs for many years and was involved with DYFS during that period. Though she

did not provide a lot of details about her recovery, R said that it was religion that “turned my life around.” She quit drugs and became very involved in a local church. She says that church and prayer remain central sources of support for her.

One of the fathers of R’s children was a drug dealer and has been incarcerated. Whether in or out of jail, he has been a source of constant stress for R. He is in regular contact with the children, and she does not want her children exposed to his lifestyle. When in jail he harasses her to bring them to visit him but she resists.

R’s father has had a side job as a paver for many years, and R would like to someday open her own paving business. She said she would like to hire women who have trouble getting jobs because of their past involvement with the law or because of their difficult life circumstances.

The respondent in the next example worked her way into a salaried job through a WFNJ program. She attributes her determination to persist through various struggles, including depression and abusive relationships, to her mother, whom she sees as a role model for “doing the best you can on your own.”

While on welfare, R was enrolled in a WFNJ program to get her GED and then to attend a job readiness program, which she said was “extremely helpful.” Through a WFNJ referral she obtained a job as an administrative assistant at the ---- Administration making \$21,000 a year. R has been at the job for three years and would like to work her way up to a supervisor’s position. She likes getting out of the house to work and feels that her employment sets a good example for the children. She is proud that she has moved from a GED program to her current position.

R has four children, ages 4 to 21. She was in two physically abusive relationships (one with an ex-husband) and suffers from depression and what she calls “nerves.” One of her daughters has frequent seizures, and R spends a lot of time taking her to hospitals and doctors.

The job involves a long commute by public transportation. She says she lives paycheck to paycheck and finds it hard to pay her bills. Nevertheless, she determined to maintain her job and work her way up.

The woman in the following case has worked her way up through a series of successively better jobs, despite personal circumstances that could have threatened her stability:

At the time of the third interview, R had started a new job working on mortgage preparation. It is the first job that she has had that pays benefits. For the past several years, R had been working as a seasonal tax preparer, then as an office manager and instructor in tax preparation. She got her first job in this field through a WFNJ referral.

R says she was “raised in a ghetto” and experienced an attempted rape at age 12. She has struggled with depression for many years and hints that she may also have had an alcohol problem. The father of one of her children was abusive to her.

During the Round One and Two interviews, she had no health insurance and told us that she “really needed a doctor” because of a problem with bleeding but couldn’t afford one. She also was not taking a medication she had been prescribed because she couldn’t afford it.

R has two teenage children and says she enrolls them in music programs to “keep them off the street.” At the time of the first interview, she was living in a run-down neighborhood with a lot of crime and drug activity. That home burned down and she was temporarily homeless. She says they lived in hotels and exhausted their savings. She was able to move in with friends, then acquire a good apartment in a nice neighborhood.

R attributes her determination to her mother who “sold dinners she cooked” to support her family. R says her mother was an avid reader and a talented singer. R also sings and does watercolor paintings.

For many of the respondents, progress is not steady or even. The woman in the next example had fought a drug addiction and worked hard to obtain a good job through a WFNJ program. At the time of the third interview, she had recently left the position because she was pregnant.

R grew up in a chaotic home in which both parents were drug users. She says she spent much time as a child with her grandmother, who was a stable influence in her life. R had her first child at age 14 and became a heroin addict in her 20s. She has been clean now for several years after being referred to treatment by a friend. She attends Narcotics Anonymous (NA) meetings and a methadone clinic. She has two children, ages 3 and 14.

Through WFNJ, R obtained a GED and attended job readiness workshops and had a WFNJ placement in a state agency. Through that placement, she got a job with the state Department of ----. R loved the job and liked getting out of the house to work. She said she liked being a role model for her kids to “give them a positive outlook on working.”

R recently quit her job because she is pregnant and is having a difficult pregnancy. The father of the child has had drug problems and is currently unemployed. She said he is excited about the new baby because he was incarcerated during the birth of their first child. R is now receiving welfare again.

PART D

ATTITUDES ABOUT MARRIAGE AND THE ROLE OF FATHERS

CHAPTER 13

ATTITUDES TOWARD MARRIAGE

In the third round of interviews we talked to the respondents about their views on marriage. We asked whether they thought they would be better off financially and emotionally if they had a spouse and why some women with children did not get married.

- *The majority of women said that they had no interest in marriage.*

Sixty-three respondents provided information on their views of marriage. Fifty-five of these respondents were single, and 8 reported being married at the time of the interview. Some of the single women mentioned that they were living with a boyfriend.

Forty-seven of the 55 single women said, often emphatically, that they were not interested in marriage.

Marriage is the furthest thing from my mind.

NO! It is not for me. Period.

Marriage is not something I am striving for.

Eight of the 55 single women said they would be interested in getting married someday (though 2 of those 8 said they weren't really sure it would be a "good thing").

- *Many rejected marriage as a threat to their independence and their ability to direct their own household.*

The answers to the questions on marriage were remarkably consistent. A central theme was the respondents' comfort with their status as single women, which allowed them to live free of directives from a spouse.

I like being me. I like being who I am and when you have a mate you have to be as one.

I am used to being alone—I don't want [a man] living here.

I am happy and contented the way I am. Well, not really. But a man is not going to make what I have better.

I am used to being like this.

I done got so comfortable with just me.

Expressions regarding a preference for their status were frequently coupled with assertions that a man was likely to be a source of discomfort:

I am very independent—I don't trust no man.

I don't need no man. I'm fine now, I'm single. I don't let no man come into my life.

I want to be single for the rest of my life—I ain't putting up with no more man again.

In talking about marriage, *not one* of the single women mentioned it as a potential source of love or romance. Rather, the focus was on hardship:

Marriage? What you are going to do is increase your struggle.

It is more aggravation—I look at it, all the bad things...like cleaning up.

To me a man is only a burden. I would have to worry about his wants and needs.

I think that's what marriage is—a headache. All the trouble starts when you get married...because then the men think they owns you...they just want to tell you what to do because they the man of the house.

As mentioned in the last quote, many women explicitly equated marriage with male domination:

[A woman] can do what she needs to do for herself—she doesn't have to be under a man's thumb, in no form or way.

I am not getting married. I don't like nobody telling me, "You better be home." I don't want nobody to tell me what to do. You don't tell me I better be home and you ain't even home.

I don't want anyone that is going to come in and try and dominate me or try to be my kids' father.

For many women, these views were clearly shaped by the experiences that they and their acquaintances have had with difficult men. Most viewed this behavior as the norm—rather than an exception—and they often generalized bad behavior to all men.

It is better to be alone than in bad company. That's right, and I went through an awful relationship and I don't want to go through a second one.

I was married—don't think I would ever do it again...he had a drunk problem real bad...and then drugs.

You been independent to yourself. Then watching how men are these days or have been in the past...it would be no reason why you would commit yourself like that to one of them....[Men] are not doing the right things, not taking care of woman as a woman is supposed to be treated...telling you the truth, be honest with you—you don't find that much. That's the man thing.

[Men] use and abuse women. I have a friend who just went through that and she will never go out with another man. I won't either.

- *Most of the women in this sample were puzzled by the concept that marriage could be a vehicle for upward mobility.*

We asked the women if they thought that they would be better off financially if they were married. The question baffled all but a few of the respondents. The majority looked quizzical or asked for clarification, and the interviewers frequently restated the question (sometimes several times). Some respondents said it was the first time they had thought about marriage in those terms:

[R asked the interviewer to repeat the question several times.] I never looked at it on that note...but I guess if they had income it would.... I never thought about that neither.

When I was married I was struggling too, so what's the difference? Maybe if somebody had a good-paying job, but I never really had that.

[R says that she doesn't understand the question.] Well, you would be no better financially. Unless the husband is going to give you money, I guess. If he had some money, I guess.

The confusion appeared to arise because most women did not view the men in their lives as financially stable, and many felt that the men were irresponsible with money.

For some women, the resolve to be independent appeared to be influenced in part by their involvement with men who were financially unstable or were not around for a long time. Only three of the unmarried women said that they thought marriage would strengthen their financial status. Those who had boyfriends who were incarcerated or involved with drugs said that their men had often been a financial drain on them and that it was the women who had to watch that money wasn't squandered.

I couldn't deal with him stealing from the house, all that stuff. So I told him he had to leave and at that point I put my foot down and said no more coming back.

Your bills are going to become his bills and his bills are going to become your bills. You are going to be in debt until the day you die. And that is it.

You got to take care of yourself....I don't look to anyone else, I don't put that responsibility on anyone else as far as my self-worth or the value of what I have.

Many of the women had lived with boyfriends or the fathers of their children or had non-live-in boyfriends who contributed in some way to their household expenses. Many of them did not see how marriage would change or improve the way in which they shared their finances, especially because many felt their incomes would always be low:

[My boyfriends] weren't financially well off, but they lived with me. They paid some bills, but I paid them too.

As far as [a man] not making enough money and me not making enough money—the situation is still going to be there if you are married or not. To me marriage is like a piece of paper.

We are living like we are married now. Marriage is just a piece of paper. We put our money together anyway.

Two women said that marriage would make them less well off because they would lose public assistance, as well as financial aid for college.

- ***Most women did not view marriage as emotionally beneficial.***

We also asked the respondents if they thought they would be better off emotionally if they were married. Only 6 of the 55 single women said yes, and 7 said maybe. Those who disagreed repeated many of the themes already mentioned: men created stress because of behaviors that included irresponsibility, substance abuse, violence, and criminal behavior. Many did not see any emotional advantage to marrying a current boyfriend.

[R has a boyfriend]. He don't make me happy now so why, if I got married, what would make me think he could make me happy then?

Maybe you can have someone to help you [financially], but they can also be the one that bring you down [emotionally]. You can bring your own self down—you really don't need [a man] to do that.

- *A minority viewed marriage in positive terms, with the potential for financial and emotional benefits.*

Some respondents did not condemn marriage or men. Of the eight who were married, five said they were better financially, and five reported emotional benefits.

[Husband] is funny and a nice guy and a good influence on my kids.

[Husband] just makes the [household] income a little stronger...for me, I don't like to be alone. I like a companion. I like somebody that I can have fun with, somebody I know will be there for me through good or bad...to help me out whether it be mentally, physically, financially, emotionally.

Overall, he is a good provider and good with the kids.

I don't have to worry about a lot of things that I would have to worry about if I was by myself.

The single women who were interested in marriage typically had few comments on this topic, but they most often mentioned security and benefits for their children.

I would have a little more feeling of stability.

It would be security for the kids and for myself.

[Marriage]—that's what complete[s] a whole family.

It would be better for the kids.

Some continued to talk about uncertainty:

Sometimes I do think about marriage and how would it feel to be married.

Sometimes I see myself happy being married and sometimes I don't.

CHAPTER 14

THE ROLE OF FATHERS

The women from the sample were asked open-ended questions in which they described the types of interactions they had with their children's fathers, the types of assistance the fathers provided to the family, and whether or not these men were "good" fathers.

In the second round of in-depth interviews, we asked the respondents more about the role of fathers in the lives of their children, with 41 respondents providing information. These 41 respondents had a total of 99 children. Twenty-three of the women reported that all of their children had one father, 12 had children by two fathers, 5 had children by three fathers, and 1 had children by four fathers. There were a total of 66 fathers for the 99 children (and three of those fathers were deceased).

At the time of the interview, two of the respondents were married and living with their spouse, and five were living with boyfriends. Most of the respondents (23) lived alone with their children, and 11 lived in households with other adult relatives or friends. The children ranged in age from 4 weeks to 24 years, with a median age of 8.

- *Most noncustodial fathers had some involvement in their children's lives.*

Although few of the fathers lived in the same household as their children, most were present in their children's lives to some degree. Table 3 lists the respondents' estimates of the frequency of contact for each of their children's fathers. According to the mothers, three-quarters of the fathers had some level of contact with their children. Nearly 40 percent (24) of all fathers (and one out of three noncustodial fathers) had daily or weekly contact with their children. Slightly over one-third of all fathers had more sporadic contact with their children, ranging from a few visits a month to a few per year. And one-quarter (16) of the fathers had no contact with their children.

TABLE 3
RESPONDENT'S' REPORTS OF THE FREQUENCY OF FATHER
CONTACT WITH THEIR CHILD

Frequency of Contact	Number of Fathers
Sample Size	66
In residence, married	2
Live-in, not married	5
Daily visits	3
Weekly visits	14
Twice monthly visits	5
Monthly visits	2
Child lives with father in summer	1
Several times year or less	15
No contact	16
Deceased	3

Source: WFNJ in-depth interviews, conducted by Mathematica Policy Research, Inc.

The estimates the women provided were based on the fathers' visiting patterns at the time of the interview. As many commented, these patterns were often in flux and could be unpredictable. A man who had been in contact weekly might drop to a few visits a year. According to respondents' reports, for example, 11 of the 16 fathers who had no current contact with their children had previously had some level of family involvement. The reasons given for these fluctuations varied: changes in the relationship with the mother, father involvement with drugs or alcohol, incarceration, involvement with other women and other children (often younger), and relocation.

- *Most fathers provided some assistance with cash, clothes, or household items, but it was mostly informal and unpredictable.*

About one-third of the fathers were formally paying child support, but it was more common for the fathers to provide material assistance that was informal, irregular, and varied in substance and amount. Most of the fathers who had at least monthly contact with their children occasionally purchased items for the children or the household as needed, such as clothes, movie tickets, fast food, or money to pay the cable TV bill.

Most arrangements were ad hoc and resulted from whim, bargaining, arguing, or simple request. While these contributions were mostly irregular and sometimes meager, many women appeared to regard them as a critical resource supplement, often soliciting the fathers for basics or “extras.”

Sometimes he'll pay the bills or rent, buy miscellaneous things that I need for the house.

If I cause enough fuss, he will give me some of what we need.

He picks [daughter] up, he spends time with her. And he buys her what she wants as far as clothing and toys and stuff.

Information received from the mothers on the fathers' cash resources and employment was sketchy. Several of the fathers were reported to hold full-or part-time jobs, including computer programmer, chef, car mechanic, and janitor. Others were said to be working in the underground economy (in some cases, allegedly to avoid paying child support). Some were unemployed or disabled. In many cases, the women said they did not know whether or not the father was working.

- *A minority of fathers were described as “good.” “Good” fathers gave attention—but not necessarily money—to their children.*

The respondents were asked if the father of each child was a “good” father. About one-quarter of the fathers were reported by the women to be “good,” and (about three-quarters were, often emphatically, described or denounced as “no good,” “bad,” “terrible,” “miserable,” and so on.

In describing the characteristics of good fathers, many of the women focused on what they called being “there” for the children. That term was repeated frequently and appeared to embody emotional attachment as well as physical presence.

He's always there, no matter what happens he's always there for his kids. He'll do things like iron [son's] clothes, get him ready for tomorrow and stuff....He's a good father, a good provider.

He's there—he was always doing things with them. When [children] were younger he used to play baseball and whatever with them. But now that they're older it's more like they're friends.

While most women mentioned the provision of cash or material goods in their descriptions, it did not appear to be the focal attribute for all the women. At least half the men who were described as “good” did not pay child support. Most, but not all, contributed varied amounts of cash (large and small) on a regular or irregular basis.

The financial situation is not that great at all [father does not pay child support and contributes cash on an irregular basis]. That's important, but it is more important that [daughter] gets to know her father and he gets to know her.

Several of the descriptions mentioned personal qualities that suggested generosity or kindness:

He is an excellent father—kindhearted, a nice guy. He visits [the children] every day, takes them out to the park and places.

He's nice, he's helpful. He feeds [the children], takes our clothes to the laundromat for us....He'll take them to the park and give them quality time. Because he is the male figure so he'll try to spend quality time with them alone.

Fathers' favorable ratings appeared to stem from the men's interaction with their children, and the women's romantic feelings toward them. All but one of the women who had married or live-in relationships described that father as good. And all but one of the noncustodial fathers who were described favorably visited daily or weekly.

However, frequency alone was not enough to define the fathering as high quality (other weekly visitors were described as "bad" fathers). Rather, "good" fathers appeared to provide consistent interaction, show responsibility toward the children, and be willing to make time for child-centered events and to build family connections by being in tune with the activities that their children enjoyed.

He is responsible...takes the kids to the playground, he takes them to the zoo. And he helps me out with money and child care a lot.

Many of these fathers also provided assistance with child care on a regular or occasional basis. They picked children up from school, baby-sat at odd hours when mothers worked, or helped out as needed. Many women depended on their availability as part of their package of child care providers that contributed to their ability to manage their household:

He's even taken days off when we didn't have a baby-sitter and kept them. You know, we've taken turns [filling in for the baby-sitter]. And that is what makes things a lot easier on me, 'cause he's very much involved with them.

Paradoxically, some of the men who were described as "good" had attributes that others might have used to label them as "bad." Some of these men were intermittently or chronically unemployed, and at least one had been incarcerated. Two of the men who were described as good fathers had been physically abusive to the respondent. When the

interviewer asked about this contradiction, one woman replied that his treatment of the children was very different than it was toward her.

- ***Behaviors and characteristics of fathers labeled “not good” included substance abuse, criminal activities, domestic violence, and emotional detachment.***

The most common reasons fathers were labeled “not good” included drug or alcohol abuse, “fast” living, personal violence, criminal involvement, irresponsible behavior, and limited financial or emotional support. According to the respondents, at least 8 were dealing and/or abusing drugs, 5 were alcoholics, 11 were incarcerated, and 10 had previously been physically abusive to the respondent.

Of the 45 fathers the respondents described as “not good,” 29 were involved to varying degrees in the lives of their children. Two saw their children daily, and 7 visited weekly. Five visited a few times a month, and 15 visited sporadically several times a year or less. Sixteen had no contact with their children in the year before the interview.

- ***Mothers worried about the negative influences of child contacts with “bad” fathers.***

Nearly a third of the fathers labeled “not good” had frequent visits with their children (daily, weekly or several times a week, or a few times a month). Most of the fathers picked up the children and took them out or brought them to their own houses or those of a girlfriend or relative (usually the child’s grandmother). In describing the negative aspects of this fathering, the respondents most often described behaviors that conflicted with their own parenting styles and sense of propriety. However, sometimes the behavior was irresponsible or inappropriate.

He keeps her up really late to go to restaurants....Last week, he took her to Pennsylvania without telling me.

He took her to see “Halloween 13” and she is only 7. Then they go back to his friend’s house and I don’t like the people who hang around there.

Some of the fathers were involved with drugs or criminal behavior, and the mothers were concerned about the negative influences these men were having on their children. Each of the fathers described below pays child support and expects to see his children regularly.

Like last week he took them [children] Tuesday and Wednesday and now he wants them tonight. I don’t feel he deserves them because he doesn’t do good things....He tells them he is on drugs....I don’t want my kids, my son, to do drugs.

He gets high and they [children] know it....He lets them know it. I don't want my kids around that.

Eleven of the fathers described as "bad" were in jail or prison at the time of the interview, and several were said to be frequently "in and out" of jail. Again, many of the women feared that the father's contact with their children provided a negative role model and would draw the children into an unsavory social world:

He [father] is incarcerated and he gets mad at me and he says, "You can bring my son to see me," and I'm like, "I'm not gonna bring him to see you in there." I don't want him [son] to think, "Well, if my dad is in this place it's ok for me to be in that place also." You know?

- ***Other women were frustrated by sporadic contact.***

Some women were frustrated by fathers whose contact with their children was inconsistent or infrequent. Some fathers visited every few months or several times a year. Some would come weekly for a while and then stop showing up.

Sometimes he comes by. And then he could just disappear from their lives for months and not call to see if they are still alive....He don't care [and] he lies a lot. He offers gifts that never come.

Several women reported that the inconsistency left their children confused and saddened:

[Son] was going to stay with his father every other weekend, and his grandmother lived there too. But now he hasn't been there for four months—it just stopped. I have no idea why. And [son] feels bad, he doesn't understand.

Others expressed irritation because they felt that the fathers had no need to be consistent because they, as mothers, were shouldering the bulk of the care:

He doesn't care. He ain't got no responsibilities, 'cause it is all here on me.

- ***Many women had said "good riddance" to men who were completely absent from their children's lives.***

The reasons for a complete lack of social contact between fathers and children varied. At least three of the fathers had abandoned the mother after finding out that she was pregnant, and a few women did not know who the father of a child was. Most of the other men had been involved to some degree with the mother and child(ren) for varied lengths of time after the birth. The relationships and contact ended for many reasons:

incompatibility, other women, domestic violence, drugs and/or alcohol, or a lack of interest by the father in his family. Others, again, did not want the presence of a father who might model a negative lifestyle. It appeared that the women initiated about half of the breakups.

I left because he was alcoholic and violent. He won't mess with me anymore now.

I had to actually break up the relationship to stay clean. In order to leave drugs I had to leave him.

He [father] use the weed a lot. He sees his children on the street and doesn't even acknowledge them. I don't want my children with him.

Would they prefer that their children have some contact with these men? While a few of the women reported that they would like some financial support or a relationship for the child, many seemed puzzled or incredulous that an interviewer would even ask such a question. The behaviors of these men were often difficult or extreme and included drug abuse and physical abuse. One woman said that the absence of their fathers was a "good influence" on her sons:

And I am happy [that they are absent] because I know that my kids will not go down the same road as their fathers did.

Some did not think a father would help their children, and did not want any intrusions into their self-directed household.

My children are at an age now where a father right now would damage them. To step into their lives at this late period in their life? And they've gone so long without one?

- ***Few women communicated their concerns about parenting to the fathers.***

While most of the women had reservations about the behavior and parenting of the fathers they labeled "not good," few initiated discussions with them in an attempt to resolve those issues. To the contrary, many made comments about their purposeful lack of communication. To avoid arguments and conflict, many tried not to be present when the fathers came to pick up the children, and they avoided conversation. Sometimes they knew little about the lives of the fathers: at least 10 women knew that a father was working but had no idea where or what he did. A few said they had no idea what the father did with the children during their visits.

I don't be around him. I haven't talked to him in years. [R's children visit father every week.]

I'll talk to [father's] mother and she'll tell me some things—but I refuse to talk to him.

He [father] talks to my mother. I wish not to talk to him. [Father had been abusive to R].

- *Some women tried to limit child visits with problem fathers, while others felt they could not deny a father's right to visitation.*

Because so many women had reservations about the behaviors of the fathers they labeled “bad,” many were conflicted about their visitation rights. Some actively tried to limit or prevent visits and interaction. Others felt strongly that, even though they didn't approve of a father's behavior, they should not deny him access to his children and/or they should not prevent their children from seeing their dads.

I rather they not be there, but I won't deny him his right to see his children.

The respondents were not asked directly in this interview about their children's feelings toward their fathers. In the conversations about fathers, however, several of the women spoke of their children's love for their fathers, even when the mothers had reservations about the men:

But my daughter loves her daddy. That's something I can't deny her. On Christmas day, my daughter was very unhappy and sobbing. I asked her what was wrong and she said she missed her daddy. She hardly sees him, but she loves him.

PART E

**HOUSING AND
NEIGHBORHOODS**

CHAPTER 15

HOUSING SITUATIONS

We asked the respondents questions about their likes and dislikes concerning the apartment or house, and the neighborhood, in which they lived. In this chapter, we describe the housing situations of the in-depth study respondents and their concerns about their homes. In Chapter 16, we describe the characteristics of the neighborhoods they lived in and their feelings about where they lived.

- *The primary housing concerns were affordability and safer neighborhoods, and frequent moves typically were motivated by a search for more affordable rent or a better neighborhood.*

Two themes dominated the conversations about housing: (1) frustration over finding an apartment with an affordable rent in a “decent” neighborhood, and (2) high levels of crime and/or drugs in their current neighborhood.

The 63 respondents interviewed in Round Three had moved an average of two times in the past five years. Nine of the respondents had not moved during this time, and 11 had moved four to seven times. Only three of the respondents owned their homes.

Some of these moves were spurred by personal problems, such as arguments with a noisy neighbor, evictions because of rule violations, or friction with roommates. But the *primary* reason people gave for searching for an apartment or home was to find one that was more affordable and in a better neighborhood (with less crime and fewer drugs).

I was always in this neighborhood but [the move] was just a change to something I could afford and I wouldn't be stretching it and worrying a lot where the dollar goes and switching off the lights and stuff like that.

[R had just moved out of a public housing project.] The area where I was at was not a good area for any children to grow up. My kids couldn't go

outside because of drug dealing going on, shooting, and maybe somebody stealing bikes.

As the respondents described, their searches were often difficult because low-cost housing in better neighborhoods was hard to find. They made compromises in their searches and frequently appeared to settle for a somewhat bigger or more amenable apartment in a neighborhood that was only marginally better. A few respondents said that they were successful in moving to neighborhoods that were safer and gave them a higher standard of living. But overall, we did not observe a decrease over the survey years in the proportion of respondents who reported crime and drug dealing in their neighborhoods. Several who moved commented, however, that while their new neighborhood had crime and/or drugs, it was not “as bad” as the previous neighborhood.

Unless they had a relative or personal connection in another town or area of New Jersey, most of the respondents moved within the same city as their former residence because they were more familiar with the area. None of the respondents mentioned better employment opportunities as a factor in their housing searches, though a few noted that convenience to a bus or train line was important.

- *Section 8 vouchers were viewed as a desirable—though largely unavailable—means to affordable housing.*

Of the 63 respondents, 14 lived in public housing projects, and 10 had Section 8 vouchers. Some were on waiting lists for Section 8, and a few had recently lost these coveted vouchers because they had not been able to find a suitable apartment (or a receptive landlord) in the time allotted.

When asked during the interview what kind of social service program they would find most useful, one of the most frequent responses was a Section 8 voucher or another type of housing subsidy. Given the long Section 8 waiting lists (several years, said some respondents), most WFNJ clients did not expect to receive housing assistance. On the other hand, these respondents did not want to live in public housing projects, primarily because of the perception of high crime and poor housing conditions.

- *Shared housing with friends or relatives was a common approach to affordability, though overcrowding and interpersonal tensions were frequent complaints.*

A common solution to the affordability issue was to share housing and rent with family or friends. Of the 63 respondents, 36 shared their housing with other adults. Of those who lived with others, about half lived with a parent and/or other relatives (including grandparents, sisters, aunts, cousins), and one-third lived with a boyfriend. Eight were married and lived with a husband or wife. Only three shared housing with a

friend. Almost a quarter of those who shared housing lived with a combination of adults (for example, mother, sister, and friend; husband and cousin).

At least half the respondents appeared happy or satisfied with their shared arrangements. They were relieved that they could afford the rent, and most were pleased that they had a ready source of support for other needs, including child care.

Others had complaints, including tensions with housemates, not having a place of their own, and lack of privacy. Several complained that the residence was too small for the number of people living there and that sleeping arrangements were overcrowded:

We moved in with my uncle and his kids and so there are eight kids and it is way too small. There are six girls in one bedroom and the two boys in another one. I sleep on a couch.

Some respondents who described situations that involved a lack of privacy or crowded conditions did *not* complain, however. Rather, the living situation was seen as an acceptable compromise for an affordable rent and/or a better residence.

I got one bedroom. My living room is where my daughter [age 10] sleep and me and my sister share the bedroom. It works out just fine.

My sister, she got a big bed and my daughter sleep there. And my nephew, he got a big bed and my son sleep there. And I'm on the floor in the living room. I got all the room. [Interviewer: Is that ok with you?] Yeah! It's right in front of the TV. And it's nice and cozy.

- ***Although inadequate space was a common complaint, there were few other concerns about building conditions. The exception was among residents of public housing projects.***

We asked the WFNJ clients what they liked and disliked about their apartments, and we asked if they had any problems with rodents, roaches, broken fixtures or appliances, hassles with landlords, etc.

Most of the “likes” were expressed as the apartment or house being “comfortable” or “nice” or “mine.” A few who lived in less dense locales mentioned that they liked their yard or neighborhood.

Many respondents, however, said that, although their home was comfortable, there was not enough space. Because of affordability, many said they settled for apartments or houses that were smaller than desired—often with one or two bedrooms. Even among families that were not sharing space with other adults, it was common for someone (usually the adult) to sleep in the living room of a one-bedroom apartment or for all the children to share one of the bedrooms in a two-bedroom unit. Lack of outdoor space was

an issue for some. Twelve respondents said that there was no yard or open space for their children to play outside.

Overall, however, most respondents in nonpublic housing voiced few other complaints about the physical conditions in their homes. Very few reported any problems with rodents, roaches, or disrepair.

In contrast to most of those in market housing, residents of public housing projects did have complaints. All but two of the 14 public housing residents stated that they had problems with rats, mice, and/or cockroaches, broken plumbing or appliances, and/or problems with heat, water, and electricity. In addition, they had the most extreme examples of neighborhood violence and drug dealing (described in the next chapter).

- ***The proportion of WFNJ clients who had a telephone and Internet access at home increased over the survey period.***

We did note a few changes over the course of the three interviews that appeared to indicate a higher standard of living or more in-home amenities for some.

In 1999, 19 of the 45 people interviewed in Round One had no telephone. By 2003, only 7 of the 63 respondents interviewed had no telephone. (Only two respondents had no telephone at both times.) The lack of a telephone was due either to a disconnection for failure to pay the bill or because the respondents could not afford the installation fees and monthly charges.

We also noted an increase in Internet access and the use of email. During the first round of interviews, only a handful of respondents said there was a computer in the home, and two said they had Internet access. By Round Three, 21 respondents reported Internet access in their homes, and at least 10 of the 63 had an email address.

- ***A handful of the WFNJ clients had experienced homelessness at some point during the survey period. All but one had a history of serious mental illness or substance abuse.***

Five of the 63 respondents interviewed in Round Three said they had been homeless at some point in the previous five years. In four cases, the homelessness occurred when the respondent had a psychological breakdown or severe drug or alcohol addiction. In one case, homelessness resulted after fire destroyed a woman's apartment and all of her possessions and she had exhausted her savings.

The stories of the four respondents who also had serious mental illness and/or addictions had strikingly common themes. All had experienced severe physical or sexual abuse as children, and their lives were marked by economic and social instability and chaos. None of these respondents was receiving TANF. All had been sanctioned at some

point and eschewed the assistance because they could not handle the work requirements, wanted to avoid drug testing, or were no longer eligible. The story described below has many themes in common with the three other respondents:

R is unemployed and lives in a trailer with an elderly man who she says is a boyfriend and who pays the bills. The interviewer wrote that the house was ramshackle and in disarray and stank of urine. R is a former drug addict and lost custody of her children because of her addiction. She has been diagnosed as a paranoid schizophrenic and has been hospitalized for psychiatric emergencies several times. She was in special education as a child and says she cannot read. She reported that both of her parents were drug addicts and that she began to drink at age 7. She said she was severely beaten as a child and molested by her father from ages 6 to 13. R is not currently receiving any psychiatric treatment, and she is receiving no cash assistance and participates in no social service programs. She was homeless the previous year during a psychotic break until the man she currently lives with gave her shelter in his trailer.

The respondent who experienced homelessness after a fire represents a very different case. She had a steady job (which she continues to hold) at a decent wage. She said she had no insurance and after the fire used all of the savings she had recently accumulated to pay for temporary housing and to replace her possessions. After she ran out of money for rent, she and her children stayed briefly in a homeless shelter until she moved to Philadelphia, where family members housed them for several months.

CHAPTER 16

CHARACTERISTICS OF NEIGHBORHOODS

About half the WFNJ clients interviewed for the in-depth study lived in Camden, Newark, or Trenton in some of the poorest neighborhoods in New Jersey. The others were in a variety of cities and towns, including Atlantic City, Burlington, Irvington, New Brunswick, Plainfield, and Willingboro.

- *Neighborhood violence and drugs were by far the greatest concerns about living conditions.*

The degree to which neighborhood violence dominated the conversations about housing was striking. Of the 63 respondents interviewed in Round Three, 39 said their neighborhoods had high levels of violence, crime, or drugs. Those 39 were primarily from urban neighborhoods and represented all but a few of the respondents living in Camden, Newark, and Trenton. Those who said their neighborhoods were not violent typically lived in less dense areas, including Dunellen, Egg Harbor, Gloucester, Plainfield, and Woodbridge.

All the violence the respondents spoke of was extreme and involved shootings, gang activity, and drug dealing. It was first expressed when we asked what they disliked about their apartment or home. They most often named neighborhood violence, and many of the comments focused on drug dealing:

The violence around here. The gangs, drug activity, people.

They are always fighting around here....I got robbed.

Drugs, stolen cars.

On every corner there is drug dealing.

We asked if they had witnessed any neighborhood violence. Nearly all had a vivid account to relate.

It was Easter Sunday. All I could hear was boom, boom, boom, “Police, open up.” Then the door came crashing down. I was like, “Oh my God”....It was just this much wall between because I heard every word...so it was a pretty scary situation. There were people out there getting shot.

Like in the back of the house they got crack buildings and then drug dealers are in the back of the house...so when we sit out and smoke cigarettes we see the transactions. We see the people go in the house, smoking, come out. We see it all.

Sunday we came home and heard all these gunshots and I ran in here and grabbed all of the kids and yelled, “Get away from the windows.” I had everybody assemble here because it sounded like it was coming from this way...it is depressing, it really is.

A guy got shot—right in broad daylight next to the store right here. And my son and I were outside playing and all these gunshots were being fired.

Yes, shooting, gunshots, people fighting. Somebody just got killed about two months ago right here on the corner.

Last year there was three drive-by shootings on the corner. We all witness one. It was summer...I was going to the store to buy milk so when they started shooting I had to get down to the neighbor’s house and I dropped myself down. The kids were playing jump rope and hopscotch...they had to get down.

Several said that they had previously moved out of bad neighborhoods but were seldom able to completely escape crime or drugs.

The neighborhood is getting bad again. I moved from one place because it was bad and now they are doing the same thing over here. They are selling drugs around the corner and everything. It is all drug infected.

- ***Because of fears of neighborhood violence, many WFNJ clients “kept to themselves” or did not allow children to play outside.***

As noted under the section, “Social Networks and Social Supports” in Chapter 9, neighbors made up about 11 percent of the people in the respondents’ social networks. Many respondents said they had one or two neighbors they knew or communicated with, but they avoided more extensive contacts. When talking about housing and neighborhoods, many said they kept neighborhood interactions to a minimum because of fear and suspicion aroused by local crime or drugs. Several said that they keep to themselves:

I stay in the house—keep to myself. They shoot dope over there in the backyard...when I first moved in here around New Year's somebody got killed. There's drug raids. Stuff like that.

I shut my door and pull down the shade so I don't see [drug dealing].

Everyone attends to their own. In the surrounding area there were shootings—that was the high crime. But back here [back of R's apartment building] it is pretty much closed in...I stay here.

The fear of being caught in gunfire was expressed over and over and contributed to their own and their children's restricted outdoor activities and interactions.

[My biggest fear] is that I'm going to be robbed or something is going to happen to me coming home from work. I keep my child in the house and I stay in the house also.

My biggest fear is that somebody will shoot me and my kids.

I worry that someday a bullet is going to get one of my kids.

- ***Most respondents said they would like to leave their neighborhoods if they could, primarily to escape high crime levels or to live in a better environment.***

Of the 63 respondents who completed the Round Three interviews, 87 percent said they would prefer to move out of their neighborhoods if they could afford to. The primary reason was to move to a “better” community, which was usually described as one free of drugs and crime.

[R says she is trying to move.] I hate the neighborhood....I hear gunshots every night.

[Would like to move] for peace of mind. And it would be better for the kids.

Some wanted to go to the South, where they said life was more quiet and peaceful. One woman noted that more rural neighborhoods were less likely to be drug infested.

[R would like to move to the South.] Because it's a fast life up here. It's slow down there. You have drugs, but you got to go a long way to get it. Up here you don't got to go a long way...I won't be so near [drugs] like I am up here.

Two respondents implied that moving would enable them to escape the stigma attached to living in their neighborhood:

[Interviewer: Would you move if you could afford it?] ...yes, because they—when you fill out a [job] application they ask your address, where do you live at, where do you come from, and they look at you.
[Interviewer: Is it that this particular neighborhood is not necessarily looked at as a good one? Is that what you are saying?] Yes.

They label you when they know you come from here.

Other reasons mentioned for moving were to have a yard for their children or for better schools. Only two said they wanted to move because employment opportunities might be more favorable elsewhere. Rather, the focus was on a safer and more decent environment. After respondents told us which community they would like to move to and why, we asked them if they thought job opportunities would be better there. Many appeared puzzled. Less than a dozen said yes, and the rest said no, or they didn't know, or they hadn't thought about it.

PART F

**SUMMARY AND
RECOMMENDATIONS**

CHAPTER 17

SUMMARY AND RECOMMENDATIONS

Our analysis of the in-depth data indicates that many WFNJ clients are able to fulfill one of the primary goals of welfare reform—to find employment and move toward greater self-sufficiency. We saw evidence of upward mobility among some, including job advancements, higher wages, and asset accumulation. There was a sense that progress was likely to build incrementally over many years as they gained employment experience, expanded their work contacts, and as complications with child care eased as their children aged. However, many have a challenging time maintaining employment and tend to cycle in and out of jobs. Economic instability and personal complexities mark the lives of most of the respondents, both those working and those not working. Often, many personal problems compounded the demands of juggling child care and employment. These problems included depression and other serious mental health problems, drug addiction, learning disabilities, child health problems, a history of family trauma and abuse, and violent neighborhoods. We first summarize some of our main findings and then provide some program and policy recommendations.

It is important to note again that this in-depth sample was purposefully selected to include more of those who were long-term TANF recipients as well as those off TANF and not working. These groups are somewhat more likely to be at risk of experiencing personal challenges, and our findings and recommendations reflect the higher levels of obstacles represented among this sample. These clients can be among the most difficult to serve, and insight into the complicated issues they face is critical to the design of effective services.

A. SUMMARY OF FINDINGS

Those who find jobs typically get low-paying ones, although a few climb out of the low-wage labor market and obtain employment with higher wages. For some work or economic advances came after addressing numerous personal challenges and struggles, and life situations often continued to be so fragile that employment advances could be undone at any time. Those who remained on welfare tended to face many challenges, including physical and mental health problems, substance abuse, low education levels, and learning disabilities. A number of respondents who were off welfare and not

working at the time of the interviews faced severe mental health problems, such as bipolar disorder or schizophrenia. Many went off welfare or were sanctioned off of it because they could not comply with the program rules.

All three groups of respondents managed to make ends meet by “income packaging” or piecing together income from different sources. For those working, earnings and EITC were a primary source of support but they, too, relied on other sources of income such as help from other adults in the household, child support, and social services. Those on welfare at the time of the interviews relied primarily on public assistance for their income. Most of these people received food stamps and Medicaid. The group off welfare and not employed made ends meet largely by living in households with other adults who paid (or shared in paying) the rent, getting help from friends and relatives, and relying on several forms of social service support. In each of the three interviews, respondents described how they scrimped and saved and how they stretched their incomes. These strategies were described as a routine aspect of managing scarce resources, whether it was from earnings, welfare, or other income supplements.

Respondents relied on, and praised, several social supports they received, especially Medicaid, before- and after-school programs, and private sources of support, such as Catholic Charities. We also noticed a shift over time in their attitudes toward TANF and WFNJ requirements. For example, their attitudes toward WFNJ work requirements over the three years shifted from anger to acceptance. In addition, their view points on the WFNJ job readiness programs had become mostly favorable.

Some of the findings on the employment and welfare recipient status of clients and how they managed to make ends meet are similar to the findings from the client study. However, the new findings that emerge from the in-depth interviews document the extent of personal challenges most of the respondents face. Over time, as we built a rapport with the clients and they opened up to the interviewers, we heard about the prevalence of depression and other more severe mental health problems, the extent of substance abuse, and the pervasiveness of physical violence in their lives. For example, 48 of the 63 people interviewed in Round Three said a doctor or other professional had told them they have depression or a serious mental illness. Nearly one in three respondents reported they had a current or recent drug addiction to cocaine or heroin. Others mentioned problems with alcohol. Forty-four reported that they had experienced physical or sexual abuse at some point in their lives, and 29 of them had been abused in recent years by boyfriends or husbands.

Despite these and other similar challenges, many of these women showed a great amount of resilience and faith and a determination to overcome the odds. Many identified friends and family who provided them with social and other support. Many did not have formal membership in a church or other religious organization, but most said they were religious and that faith in God was one of their primary resources for coping and support. The fathers of their children provided some economic support and had some involvement with their children. This support was often small, informal, and unpredictable, and it was not a primary source of income or aid for most of the

respondents. Most of the women said they had no interest in marriage, and many rejected it as a threat to their independence and their ability to direct their own household.

We also asked the respondents about their housing situations and neighborhoods. Their primary housing concerns were affordability and safer neighborhoods. Many moved in search of better neighborhoods. Although they continued to live in areas with crime and drug dealing, some commented that these new neighborhoods were not as bad as their former ones. Many shared housing with friends or relatives as a way to deal with the cost of housing, although this did often lead to overcrowded conditions and tensions. Respondents viewed Section 8 vouchers as a desirable means to affordable housing, though they complained about the long waiting lists, and many did not expect to receive this subsidy. Residents of public housing projects described many problems with their housing, including rodents, broken appliances, or troubles with heat, water, and electricity. Their neighborhoods also had the most violence and drug dealing.

B. PROGRAM AND POLICY RECOMMENDATIONS

Clearly, the transition from welfare to work is complex, compounded by the many challenges WFNJ clients face. How successful respondents were in this transition and in the progress they made depended partly on the extent of personal challenges they faced. But their successes were also a function of their own resilience, faith, and determination, as well as local job opportunities, social service resources, and strength of their social support networks. The clients provided feedback and voiced support for various state and county efforts to develop programs or provide services that acknowledge the challenges they face as they leave TANF or obtain employment. In fact, over the past several years, to address various concerns about WFNJ clients, New Jersey has launched a number of initiatives to address the needs of longer-term TANF recipients, offer outreach to those who have left TANF and are not accessing post-TANF supports, and address the needs of clients who have reached their 60-month time limit on TANF benefits. The text box on the following page provides a brief description of some of these recent initiatives.

Here, based on what we heard from the clients, we provide programmatic and policy recommendations to continue to serve this group and help these families in their transition to work and greater self-sufficiency.

- ***Job Retention and Advancement Services for Parents.*** While many find jobs, sustaining employment is fairly difficult. In addition, many remain in low-wage jobs and find it hard to make ends meet. Providing access to postemployment supports, including job placement, referrals to placement agencies, child care supports, counseling, and training, may help with job retention and advancement. Given the low earnings levels of some clients, ensuring the use of EITC and other such earnings supplements can also help clients as they package income from various sources.

INITIATIVES IN NEW JERSEY

- ***Supportive Assistance to Individuals and Families (SAIF).*** Initiated in 2003, this program offers eligible WFNJ clients who reach their 60-month TANF time limit an additional two years of cash assistance and support services. SAIF clients are required to participate in work activities and must work intensively with their case managers, who will help them get a job and exit welfare.
- ***Individual Development Account (IDA) Program.*** In September 2002, the state launched the IDA program to help low-income families save to buy a home, start a small business, or pay for higher education. Under New Jersey's program, the state will match participants' contributions to these accounts up \$1,500 a year, dollar for dollar, for up to three years.
- ***Supplemental Work Support Program.*** Launched in spring 2001, this program encourages working welfare recipients to close their cases in exchange for a monthly work support payment of \$200, regardless of the amount of their cash benefit. Clients who agree to do so are eligible for other post-TANF benefits.
- ***Career Advancement Vouchers.*** Initiated in January 2001, these vouchers provide employed former clients with as much as \$4,000 toward program tuition to pursue additional training while they are working.
- ***Outreach and Marketing Efforts.*** In 2000, the state developed a faith- and community-based collaborative to market available support programs and benefits, such as food stamps, to former TANF recipients.
- ***State Earned Income Tax Credit (EITC).*** In 2000, New Jersey introduced a refundable state EITC for low-income families with children to supplement the federal EITC. The state credit is currently set at 20 percent of the family's federal EITC amount. The maximum state EITC is about \$500 for a family with one child and about \$800 for a family with two or more children.
- ***Comprehensive Social Assessments.*** In November 2000, county staff began administering a comprehensive social assessment to long-term TANF recipients. The assessments were originally conducted after clients had accumulated 34 months of TANF receipt. The assessments are now conducted after clients have been receiving TANF for 12 months. Through these assessments, workers are expected to determine appropriate referrals and services for clients (for example, referrals to the state Department of Labor's Division of Vocational Rehabilitation Services or to the state's Substance Abuse Initiative or Mental Health Initiative).
- ***NJ FamilyCare.*** In October 2000, the state launched NJ FamilyCare, a state-sponsored health insurance program for low-income working adults and their children. Because of funding constraints, NJ FamilyCare stopped enrolling new adult participants in June 2002. The program continues to enroll eligible children.

- ***Encouraging Clients to Use Their Networks to Find Jobs.*** While many clients had networks of friends and relatives, and some of these friends and relatives had good jobs, the clients did not tend to view their networks as a source of job leads. Job retention services and coaching could encourage clients to use this potential employment resource.
- ***Improved Access to Food Stamps, Medicaid, and Other Assistance Programs.*** Many former clients continue to rely on food stamps and other sources of support, but many report that stigma, administrative difficulties, and other hassles deter applications for various benefits. In addition, many

who had left TANF for work, and had received Medicaid or NJ FamilyCare for some time, were concerned about having no insurance when their public health insurance ran out. Given that some of these jobs do not offer health insurance, or the cost to obtain it is high, other subsidies for health care insurance may be important for these clients who tend to face many physical and mental health problems.

- ***Improved Assessment of Mental Health Problems.*** Many of those off welfare and not working reported severe mental health issues. Several could not comply with the welfare program rules and ended up quitting welfare or getting sanctioned. These findings are also consistent with those from the client study, which indicated that those off welfare and not working, with no stable source of support, have characteristics similar to those who remain on TANF but are more likely to have mental health problems. Mental health problems can be difficult to detect. Improved mental health screening for those who might be at risk of being sanctioned could help prevent cutting some of these people from the system and allow the state to find ways to help them treat their illnesses.
- ***Improving Access to Mental Health Treatment and Encouraging its Use.*** Few respondents with mental health problems were taking medication or receiving treatment for their condition. Some could not afford medications, while others did not want to be bothered or deal with the side effects, or lacked professional support or supervision. Linking clients with mental health resources, educating the respondents about the benefits of treatment and medications, and ensuring that they have health insurance coverage are important to improving the life situations of many.
- ***Integrating Public Service, Public Health Programs, and Trauma Recovery.*** Many women in our study faced behavioral health issues that were compounded by other trauma such as domestic violence, physical or sexual assault, witnessing violence, or childhood sexual or physical abuse. Research has linked such trauma to increased risks including adult depression and substance abuse. Integrating available public services including trauma recovery programs could assist those affected by personal violence. Several states across the country have begun to add therapeutic trauma recovery to the services provided to TANF recipients.
- ***Measuring Progress and Successes Individually.*** The stories of the in-depth study respondents reveal the many personal challenges they face and the ways in which they attempt to “make it” despite these odds. For some, stable and sustained employment does not seem to be a realistic goal. For example, considerable progress for some was measured by the fact that they were now seeking treatment for a behavioral, substance abuse, or mental health problem. Even for those employed, various problems or crises could upset their equilibrium. Thus, as we enter the next phase of welfare reform, it will be particularly important to measure progress according to the varied goals and

capabilities of individuals, rather than attempting to measure everyone on the same scale.

- ***Focus on Relationship Education and Relationship Building in Programs to Strengthen Families.*** Most clients were not married, and some had consciously decided to stay away from men. Few thought the men in their lives would provide financial support and stability. In fact, many thought they would have the opposite effect because the fathers of their children had high levels of unemployment, substance abuse, domestic violence, and incarceration. The federal government is currently encouraging programs to promote healthy marriages among welfare recipients and other low-income women who have recently had children and are in relationships with men. These programs may want to focus on relationship education and relationship building in early stages of romantic involvement, especially given the high risk characteristics of some of these fathers.
- ***Address Welfare Clients' Concerns About Housing Affordability and Unsafe Neighborhoods.*** Housing subsidies were a clearly desired source of support, and helped make housing affordable. This was one of the social service programs they reported as the most useful. Many respondents, however, had to be on waiting lists for long periods, and some did not expect to receive housing assistance. In comparison to Section 8 housing subsidies, public housing projects were typically not desired and many of those living in public housing complained about poor housing conditions as well as high degrees of violence and crime in their neighborhoods. Efforts to improve the life and neighborhood quality in public housing projects, and efforts to promoting housing subsidies will help clients in their transition off welfare.
- ***Emphasize Caseworker Training.*** Many of the WFNJ clients who had made progress in dealing with obstacles in their lives indicated that the support or encouragement of a particular individual had been instrumental to this process. Caseworkers can play a critical role in being a person who can potentially make that difference. The respondents expressed appreciation for caseworkers who treated them with respect and offered thoughtful assistance, and training could emphasize the positive effects of interpersonal exchanges. Educating caseworkers to enhance their skills in screening for the issues that surfaced through the in-depth interviews (depression or serious mental illness, low literacy, substance abuse, domestic violence, trauma), and in making appropriate referrals could advance the identification and treatment of some of the conditions underlying sanctions, long-term TANF receipt, or unemployment.
- ***Continue Support for Mental Health, Family Violence, Substance Abuse, and Vocational Initiatives.*** The Department of Human Services (DHS) and local county welfare agencies have implemented several initiatives that address many of the issues that surfaced during the in-depth interviews. Described below in Table 4, these include the Substance Abuse Initiative and

Substance Abuse Research Demonstration (SAI/SARD), the Mental Health Initiative (MHI), the Family Violence Option Initiative (FVOI), and the Vocational Rehabilitation Initiative (VRI). These initiatives provide additional resources to assist caseworkers to identify client problems through formal screening or self-disclosure, diagnose the need for treatment or services, and engage clients in initiative-funded treatment or transitional services. The state has also introduced the Comprehensive Social Assessment (CSA), a questionnaire used by county welfare staff for clients who have been on the caseload one year to identify issues faced by these longer-term TANF clients.

TABLE 4

NEW JERSEY INITIATIVES ADDRESSING SEVERE BARRIERS TO EMPLOYMENT

Initiative	Counties	Brief Description
Substance Abuse Initiative (SAI)	All 21	Welfare caseworkers refer clients identified with possible substance abuse issues to the initiative's care coordinators for an assessment. If appropriate, the care coordinator refers the client for treatment services with a provider in the SAI treatment network.
Substance Abuse Research Demonstration (SARD)	Atlantic, Essex	SARD was a demonstration project that was designed to measure the effects of enhancing substance abuse services available to welfare recipients in two counties. The demonstration ended in June 2002. Similar to SAI, SARD provided screening, assessment, and treatment services for welfare recipients with substance abuse problems. SARD differed from SAI, however, in that it provided more intensive case management services and some financial incentives for clients to participate.
Mental Health Initiative (MHI)	Atlantic, Camden, Essex, Hudson, Passaic, Union	Welfare caseworkers can refer clients with possible mental health issues to an intensive case management services (ICMS) provider for assessment. If appropriate, ICMS case managers refer clients to mental health providers for treatment, and to a supported employment agency for job placement and postemployment follow-up services.
Family Violence Option Initiative (FVOI)	All 21	When a welfare client discloses that she is a victim of domestic abuse, CWA employees or specially trained staff can refer her to a rape care or domestic violence program for services, such as a risk assessments, emergency shelter, counseling, and help with legal documents. These clients can also request federally authorized waivers from TANF work participation or other requirements, which are automatically granted subject to completing their risk assessment.
Vocational Rehabilitation Initiative (VRI)	Camden, Essex, Hudson, Mercer, Passaic, Union ^a	Welfare caseworkers can refer TANF clients to the New Jersey Department of Labor and Workforce Development, Division of Vocational Rehabilitation Services (DVRS) using a screening guide to identify clients with possible disabilities. Referred clients receive the DVRS's comprehensive assessment, and they may be placed in DVRS services—including treatment, assistive technology, job placement, and job coaching.

^aPreviously, the initiative was also implemented in Cumberland, Monmouth, and Ocean counties. However, in all counties, welfare offices can refer TANF clients to DVRS for services.

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APPENDIX A

STUDY SAMPLE AND METHODOLOGY

A. STUDY SAMPLE AND CHARACTERISTICS

Our goal as we started the in-depth interviews was to use a purposeful sample selection process so we could have a good representation of various types of clients for the interviews. For the Round One in-depth interviews, we targeted three groups of clients based on their status at the time of the first client survey conducted in spring 1999: (1) those who were on TANF, (2) those who had left TANF but were not working, and (3) those who had left TANF and were employed. To portray the lives of WFNJ clients more completely, we selected an equal number (one-third) of clients from each group. (At the time of the first client surveys, about one in three was employed and off TANF, nearly 40 percent of the clients were on TANF, and 25 percent were off TANF and not working. Thus, for the in-depth interviews, we targeted a slightly higher group of those off TANF and not working.)

Because we wanted the in-person interviews to be clustered geographically, we stratified counties into high-, medium- and low-density counties based on their population counts. We included Camden, Essex, and Middlesex counties with certainty. The other counties selected at random across the three strata were Atlantic, Burlington, Mercer, and Union. These counties provide a good mix of regional representation. Consistent with the larger client study sample, we selected a larger fraction of clients for interviews from the high-density areas and a smaller fraction from the low-density areas. For the in-depth study, about 40 percent of the targeted sample was from the high-density counties, 33 percent from medium-density counties, and 27 percent from low-density counties. In all seven counties, we randomly selected clients from each of the three targeted groups (in roughly equal proportions to the total number of clients to be sampled from that county).

The first round of in-depth interviews was conducted between December 1999 and April 2000, and we completed interviews with 45 clients. Among this group, 17 (38

percent) had been employed and off TANF at the time of the first client survey, 17 (38 percent) had been off TANF and not employed, and 11 were on TANF (with 3 of them also reporting working). However, the status of some of these clients had changed by the time we conducted the in-depth interviews (21 were employed and off welfare, 12 were neither working nor receiving welfare, and 12 were on TANF, with one also reporting working). Thus, their employment and welfare receipt status at any time was fluid, with many switching status within a few months.

During the second round of in-depth interviews (conducted during fall 2001), we wanted to conduct some interviews with clients at risk of reaching time limits to learn who these people were and how they could cope if they reached time limits. We selected a number of clients to interview who had been on TANF for more than two-thirds of the time since WFNJ entry and so were at high risk of reaching time limits. During the second round, we completed interviews with 15 time limit clients and 40 regular clients. We refreshed our original sample, as not all 45 who completed the Round One interviews were able or willing to complete a Round Two interview. (Thirty-one of the original 45 completed a Round Two interview, and we interviewed another 9 clients as part of the main sample).¹

The third round of in-depth interviews was conducted in summer and fall 2003. We completed interviews with 63 respondents. Of these respondents, 10 were interviewed for the first time, while the remaining 53 had completed at least one of the other two rounds of interviews. They included both regular and time-limit cases. In all, we interviewed 79 respondents; 21 had been interviewed once, 33 had been interviewed two times, and the remaining 25 had been interviewed in all three rounds.

Table A.1 describes the characteristics of sample members with whom we completed at least one round of in-depth interviews and compares them with the full study sample. As we see, the in-depth sample is similar to the full sample of WFNJ clients at the time of program entry, although they are somewhat more disadvantaged in a few respects. The typical respondent was female, 30 years old, and lived alone with her child(ren). Just over 60 percent of the respondents we interviewed were African American, about 25 percent were Hispanic, and 11 percent were white. The in-depth sample includes more African Americans and fewer whites than the full client study sample. Just more than half of the in-depth respondents and the full client sample had worked during the two years before WFNJ entry, and more than one-third in both groups had a child under age 3 when they entered the program.

¹We refreshed the sample broadly, keeping in mind clients' geographical location, as well as their TANF and employment status.

In educational attainment, however, the in-depth sample respondents were more disadvantaged than the typical WFNJ client. For example, 51 percent of in-depth respondents did not have a high school diploma or GED at the time of WFNJ entry, compared with 44 percent of the full sample. In-depth sample members also were more likely to be in a household where someone was receiving SSI at the time of WFNJ entry.

TABLE A.1
CHARACTERISTICS OF IN-DEPTH STUDY RESPONDENTS

	Percentage with Characteristic	
	In-Depth Study Sample	All WFNJ Clients ^a
Female	99	96
Average Age (in Years)	30.6	30.4
Educational Attainment		
Less than high school diploma or GED	51	44
High school diploma or GED	37	44
More than high school diploma or GED	12	12
Employed in Two-Year Period Prior to WFNJ Entry	53	55
Race/Ethnicity		
African American	63	53
Hispanic	25	26
White	11	20
Other	1	1
Does Not Speak English at Home	13	13
Average Number of Children Under 18 in Household	2.0	2.0
Age of Youngest Child		
Less than 3 years	36	40
3 to 5 years	24	26
6 years and older	40	34
Household Type		
Single parent	77	78
Two parent	8	9
Other multiple adult	7	9
Other single adult	8	4
Marital Status		
Never married	71	70
Married	8	7
Separated/widowed/divorced	21	24
Household Member Receiving SSI	13	9
Lived in Two-Parent Household as a Child	47	52
Family Received Welfare When Growing Up	44	36
Sample Size	79	1,423

Source: WFNJ administrative records data and WFNJ Client Surveys.

^aSample used in the first WFNJ client study report.

B. METHODOLOGY AND ANALYSIS

Most interviews took place in the homes of the sample member and lasted close to an hour and a half. Interviews were conducted by members of the WFNJ client in-depth study team and graduate students from Rutgers University. Three sets of semistructured protocols were developed to cover broad areas (such as employment, welfare, and making ends meet), with subtopics under each area. For each subtopic, we listed a number of questions interviewers used to guide the discussion. However, the interview format itself was conversational; questions were often asked in a different order, and certain questions/topics could be omitted as appropriate.

Interviews were often conducted in two-person teams, with one person leading the interview and the other taking notes. Nearly all interviews were tape-recorded and transcribed. Interviewers also recorded descriptions of the respondents' homes and other observations in ethnographic sketches that were completed soon after each interview. A few interviews were conducted in Spanish with respondents who preferred to have the discussion in Spanish. Participants were usually very willing to talk with us and share their life experiences and events, including the challenges they faced in their day-to-day lives. Several of our interviewers worked with the project for each of the in-depth surveys. When possible they interviewed the same respondents in each round, thus developing rapport over several years.

The analysis of the text was conducted by a member of the WFNJ evaluation team using both case and cross-case analysis (Berg 2001; and Patton 2001). The transcripts for each interview were read and coded according to the sensitizing concepts represented by the topics covered in the questionnaires. The data were then sorted according to axial codes including employment status and current welfare receipt, and responses within topic areas were grouped and analyzed (Berg 2001). Subsequent readings focused on the coding of indigenous themes (which were unanticipated and emerged from the respondents' comments). Some responses were made numeric and reported as frequencies. Data and method triangulation were used to affirm some of the patterns and themes identified through the transcripts (Tashakkori and Teddlie 1998), including responses drawn from the quantitative survey, and observations recorded in ethnographic sketches completed by the qualitative interviewers.

While reading through the document, it is important to remember that our sample was purposefully drawn to include more of those who were long-term TANF recipients, as well as those off TANF and not working. These groups are more likely to be at higher risk of facing hardships, and our findings provide insights into the complex worlds of those who may be more likely to struggle with labor market attachments. In addition, our examination of those employed and off TANF highlights the challenges of those who have found jobs and reveals the complexities of their lives. In our analysis and discussion, we sometimes use numbers to establish how many from this sample were

working or on welfare, as well as some of their personal and job attributes.² It should be noted that these numbers describe the situations of our in-depth respondents, and are not necessarily representative of all WFNJ clients or the longitudinal client study sample.

²Though we have made our data numeric, we obtained most of the information through open-ended questions in which respondents described their current situations.

