Have Families Fared Well from Welfare Reform? Educating Clinicians about Policy, Paradox, and Change

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The Family Journal 2002; 10; 269
DOI: 10.1177/10680702010003003

❖ **Articles**

Have Families Fared Well From Welfare Reform? Educating Clinicians About Policy, Paradox, and Change

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This invited article examines findings from lower profile studies suggesting another side of the bipartisan declaration that America's experiment with welfare reform has been a resounding success. The authors draw on national survey data, studies by state and private research institutions, and available figures from informal community-based monitoring projects. Findings reveal evidence of an escalation of inadequately paid employment, an increase in extreme nationwide childhood poverty, signs of mounting family hardship, and challenges affecting the survival and well-being of this vulnerable population leaving welfare.

> *If we put the same effort, worry, and bother into improving our society that we do in propping up some fool over his people, or selling cat food, or in putting pink stripes into toothpaste, we would have solved many of our social problems long ago. If we put the same effort, worry, and bother into societal reform, that we do in building bombs, or in advertising cigarettes, and booze, or in putting the white back into collars, we would have solved most of our social problems long ago.*
>
> —McWhirter, McWhirter, McWhirter, and McWhirter (1997, p. 20)

On August 22, 1996, former president Clinton signed into law the Personal Responsibility and Work Opportunity Reconciliation Act. This comprehensive bipartisan welfare reform plan dramatically changed the nation's welfare system into one that required work in exchange for time-limited assistance (Jansson, 2000; U.S. Department of Health and Human Services Office of Family Assistance [DHHS], 1998). Three years later, leaders from both political parties declared America's experiment with welfare reform a resounding success. However, as the rhetorical, tongue-in-cheek title suggests, the authors contend that this declaration was misleading, as an accumulating body of evidence-based data alludes to a mixed picture (Golden, 2001; Jansson, 1999). In this article, the authors present a lesser known position on the controversial welfare reform law of 1996 and its impact on vulnerable families in the United States. The authors draw from multidisciplinary national survey data, studies conducted by state and private research institutions, and avail-

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THE FAMILY JOURNAL: COUNSELING AND THERAPY FOR COUPLES AND FAMILIES, Vol. 10 No. 3, July 2002 269-280

able figures from informal community-based monitoring projects.

When the Personal Responsibility and Work Opportunity Reconciliation Act was signed into federal law, it dramatically changed a six-decades-old welfare system. In so doing, this 1996 law introduced a reformed system called the Temporary Assistance for Needy Families (TANF) program, replacing former programs such as Aid to Families With Dependent Children (AFDC) and the Job Opportunities and Basic Skills Training (JOBS) programs (Camasso, Harvey, & Jagannathan, 1996; Jansson, 2000; U.S. DHHS Office of Family Assistance, 1998). Housed within the U.S. DHHS, the TANF program is managed by the Office of Family Assistance, and in 1996, states across the nation began receiving federal funding. Moreover, each state was granted permission to use the federal monies in any reasonable manner to accomplish the TANF program objectives (U.S. DHHS Office of Family Assistance, 1998).

…many social policies and welfare reforms have minimized some of the negative economic consequences of family decline, which appear to be causing harm to the family unit in other ways.

The authors identified five TANF program objectives related directly to the supposition of this article: (a) reducing economic dependency by providing time-limited assistance to former AFDC and JOBS recipients, (b) promoting job preparation and work skills among able-bodied adults, (c) providing funds for child care while parents acquire the skills necessary to enter the world of work, (d) introducing employment opportunities to job-ready adults, and (e) preventing out-of-wedlock pregnancies by encouraging the formation and maintenance of two-parent families (Tanner, 1996). In order for the reader to comprehend the meaning of these federally established objectives, it is essential that one possess a basic understanding of the history of American social policy. The following section provides an overview of U.S. policy trends, political processes, and unresolved social dynamics from the colonial period to modern times.

One may ask, "Why should I have to know about history if I am a clinician?" Elementary, our dear reader: because one's approach to understanding, assessing, and treating human behavior deals not only with developmental events but also with the context in which these events take place. Brofenbrenner's (1986) social-ecological model supports the premise that all systems and structures are highly related and share many points of intersection that are critical to understanding psychological processes. As such, clinicians need a clear understanding of not only the immediate family system and its subsystems but the various social contexts related to it. Put another way, individuals are part of a system called the family, which is part of a bigger system called the community, which is part of a larger system known as the state, which is part of an even greater system referred to as a nation, which is part of a boundless system known as our world (Fenell & Weinhold, 1997).

These systems represent diverse and complex elements that affect one another over a series of generations, influencing each successive generation (Inclan & Ferran, 1990). Similarly, Ashford, Lecroy, and Lortie (2001) contended that one cannot solve the problem of any system without taking into account all the factors (i.e., components and related subsystems) that influence the original system. Thus, the life cycles of social policy and reform, like families, are rule-governed systems best understood within specific contexts that consider the complex cadre of associated sociohistorical, political, economic, cultural, and environmental variables. It is critical that clinicians working with these families take into consideration the way in which economic social class operates to shape the networks of support and the institutions that provide, or withhold, necessary resources. Ultimately, these complex variables affect the mental health and well-being of its members.

Overview: A Brief History of Policies, Programs, and Politicians

Like other nations, the United States has experienced societal problems throughout its existence. Moreover, like many nations, the United States has responded to societal problems when the severity of a crisis legitimized action (Blank, 1994b; Blankenhorn, 1995; Elder, 1992; Kamerman & Kahn, 1995; Rector & Lauber, 1995; Rubin, 1994; Wisensale, 1992). In an attempt to help society's most vulnerable people cope with poverty, illness, and a myriad of other related problems, various laws and social welfare programs have been developed and implemented. Society's intent was to provide the poor with equal opportunity and a level playing field in the areas of education, job status, and income (Bane & Ellwood, 1994; Mulder, 1979). And from the passage of the Roosevelt administration's Social Security Act to the demise of the Johnson administration's Great Society in the 1980s, the U.S. government has spent trillions of dollars to do just that (Bartlett & Steele, 1994). So, how did it all begin? The answer is to be found in a number of early Christian doctrines introduced to the New World nearly five centuries ago. These doctrines influenced the foundation of U.S. social policy and welfare so powerfully that much of their respective ideologies and practices persist in 21st-century America. Moreover, these doctrines are largely responsible for the contrasting strategies that have historically been used for designing and implementing social welfare programs in the United States. Having evolved over time, these social welfare programs can be linked to the nation's current Reconciliation Act, otherwise known as welfare reform (Coontz, 1992; Tropman, 1985).

So, when and where did it all begin? Throughout Europe during the 16th century, the Catholic Church was closely linked to governmental institutions. When early conquistadors arrived in the New World, Hernan Cortez, for example, they initially sought to rule benevolently, emphasizing conformity with tradition as Spanish colonization spread from Florida to Chile. In New England, those emigrating from northern Europe (e.g., England, France, Germany, Scotland, etc.) brought with them a fixed and narrowly defined feudal society. Based on an agrarian economy of subsistence and bartering, it also emphasized conformity and tradition. People were born into a position (e.g., nobleman, merchant, gentry, serf, etc.) and retained that social position for their entire lives. Consequently, significant social and economic disparities existed between the various groups. However, whereas Old World rules prohibited access to land and economic possibilities, those fleeing religious persecution hoped to improve their lives in the New World (Axelson, 1998; Loewen, 1995).

Over time, feudalism was replaced as the Protestant Reformation introduced an emerging array of ideas developed by Luther, Calvin, and others (Axelson, 1998; Jansson, 2000; Tropman, 1985). The Age of Enlightenment during the 17th century introduced an individualistic and capital-based democratic society. Wealth became a paradox for affluent Protestants who felt their assets were rewards for hard work yet something that could lead to sinfulness, thus requiring salvation. Perhaps as a type of defense mechanism, Protestants came to believe that the act of moral living through charitable giving was a deed of benevolence and, when carried out, served as an added protective measure of ensuring one's salvation (Axelson, 1998). Ironically, however, English nobles used indentured serfs, and the Catholic Church used slaves and peasants much in the same way. By the same token, it was common that both perceived the poor as "wretched savage beasts," inherently indolent and incapable of developing industrious work habits unless subjected to harsh and repeated forms of castigation. Calvinism shaped the early colonial American view of work, and Puritans adhered to the creed that those who did not or could not work were somehow less worthy. In effect, the Catholic Church became a powerful self-regulated government with its own laws, taxes, and courts. The canon of the Catholic Church oversaw social welfare activities by providing food and lodging to people who were hungry, sick, or transient (Tropman, 1985).

During the 18th and 19th centuries, a number of events transformed the face of America. From the Industrial Revolution came mining, steel, and railroads and from these inventions came consumer products (e.g., electricity, automobiles, refrigeration, etc.). In due course, the transition from an agrarian barter economy to one of capitalism changed the status of the poor. No longer controlled by indentured servitude, many left for nearby cities to establish fresh lives. Others chose to remain on the land of their ancestors and work as paid laborers (Cherlin, 1988; Jansson, 2000). Still others were gradually forced off the land when unable to pay the new land tax required of them. Consequently, major cities such as Boston, Chicago, New York, Philadelphia, San Francisco, and St. Louis experienced tremendous growth because of their arrival, fostering widespread economic and social uncertainty. There was also a steady growth of southern and eastern European immigrants who settled in these cities, who were relegated to overcrowded, inferior housing, as well as unskilled and low-paying jobs (Axelson, 1998; Loewen, 1995). Concerned over the growing disparity in America, progressive reformers advocated for social change to address the problems experienced by these different groups, including children, the old, and the mentally ill (Coontz, 1992). On a national level, reformers took on wealthy capitalists and large corporations. At the local level, they actively opposed slumlords and big-city political machines, advocating for safe, habitable living conditions and employment opportunities, while combating illness and infectious diseases such as cholera, influenza, typhoid, syphilis, and tuberculosis. In time, state and local government passed laws and regulations guaranteeing child and adult labor codes, as well as housing codes. In addition, public institutions included poorhouses, mental institutions, and orphanages (Ashford et al., 2001; Coontz, 1992).

Paradoxically, despite offering benevolent programs and services to those in need, evidence suggests that provisions were not equitable or available for all (Golden, 2001). Experts from nearly every discipline have attempted to generate theories to explain these direct and indirect practices of institutional inclusion and exclusion (Jewell, 1988). They have also speculated on America's ambivalence toward the vulnerable of society. In his latest book, *The Reluctant Welfare State*, Jansson (2000) described the conflicting tendencies of U.S. social welfare policy:

> On the one hand, Americans have exhibited compassion toward those who are hungry, destitute, ill, and transient, as illustrated by a host of ameliorative public policies and a rich tradition of private philanthropy. On the other, they have demonstrated a callous disregard for persons in need. Assistance has often been coupled with punitive and demeaning regulations . . . and racial and other groups have been subjected to consistently oppressive treatment. The term *reluctant welfare state* expresses this paradox of punitiveness and generosity. (p. 2)

Attempting to explain this phenomena, some social scientists believe it was due in part to "scientific" race theories and doctrines that had supported 18th- and 19th-century manifest destiny, the genocide of American Indians, the institution of Jim Crow laws specific to African Americans, the annexation of the Southwest, and the passage of anti-Chinese and anti-Japanese immigration laws that reinforced the notion of Anglo-American superiority (Axelson, 1998; Cameron & Wycoff, 1998; Loewen, 1995).

In his work on the history of social policy, Tropman (1985) interpreted the differing views and practices of American social welfare according to two distinct religious traditions. Tropman christened these the Catholic Ethic and the Calvinistic Ethic. He theorized that both were largely responsible for the contrasting strategies used for implementing social welfare throughout U.S. history. For example, the Calvinistic Ethic shaped the early American colonial view of work and influenced the creed held by many Puritans that those who did not or could not work were somehow less worthy. Many of today's arguments in opposition to social welfare programs reflect both this early Calvinist philosophy and the historical fears that welfare programs discourage a solid work ethic. For this reason, it has been speculated that current programs for needy individuals and families have been maintained at low payment levels to ensure that recipients not lose the motivation to be productive citizens (Cherlin & Furstenberg, 1988). Historically, a core argument against a social welfare policy in the United States has been based on the assumption that it would encourage welfare dependency over industrious work (Pankhurst & Houseknecht, 1983; Pardeck & Chung, 1997). This rationale may explain why the nation continues to grapple with its ambivalence over social welfare policy (Tropman, 1998). Whereas the Calvinistic Ethic presents a vertical relationship between the individual and the omnipotent, the European religious tradition of Catholic charity built on the Catholic Ethic stresses a horizontal relationship between the individual and others. Thus, the latter has been identified by a sense of community and commitment by its members to one another (Tropman, 1985). Currently, family policy analysts believe that the family programs developed in European welfare states (i.e., France, the Netherlands, etc.) help to illustrate how a religious tradition that stresses the importance of horizontal relationships among community members can be translated into effective social welfare programs administered by the state (Cherlin & Furstenberg, 1988; E. O. Wilson, 1998). It is important to note that the Catholic Ethic has continued to be part of the present secular world. In two separate studies, Cochran (1995) as well as Kamerman and Kahn (1988) observed that although the present-day motivation for developing policy-based family programs is not necessarily religiously based, the Catholic Ethic is concerned with helping those in need. In place for hundreds of years, the Catholic nonsecularism has been translated into a secularized political and social ideology.

The 20th century witnessed dramatic change when the stock market crashed in 1929 and the Great Depression began. Although a small segment of American society continued to live in relative affluence, a significant portion of society was relegated to a destitute existence (Jansson, 2000). In 1934, the Roosevelt administration sought to rectify the myriad of social problems. The question posed by the administration was, How could people share more fully in the American dream? The reply was to correct economic disadvantage by developing permanent programs aimed at preventing the destitution. Introduced as a single piece of legislation, the New Deal established the basis for creating economic security. It also kept conditions stable at a time of national social and ethnic unrest (Elder, 1981; Loewen, 1995). With more than 150 measures introduced in 1937 alone, some of the more familiar included the Social Security Act (which also provided for a worker's family members), old age pension, employee accident compensation, unemployment insurance, and child welfare, to name a few (Moynihan, 1989a). Although these programs supported families and industry with a reasonably healthy and productive labor force, problems arose. For example, each state was allowed to create its own set of standards for assessing eligibility and determining benefits. This was done to prevent local counties from developing exclusionary policies in Southern states (Jansson, 2000). However, shortly after its inception, an investigation revealed that program eligibility was often made ambiguously restrictive, denying assistance to significant numbers of the poor, including people of color. Interestingly, federal authorities were given no power over decisions made by state agencies (Elder, 1981; Jansson, 2000; Loewen, 1995). Consequently, this resulted in a variety of biased and idiosyncratic program allowances and restrictions. Paradoxically, this exacerbated the very kind of economic disadvantage that the New Deal set out to correct.

Scholars concur that one significant outcome of the New Deal was that most Americans came to expect government to cushion low wages, lessen poverty, and provide needed social services (Golden, 2001; Moynihan, 1989a). Thus, the primary focus of subsequent presidential agendas would be economic. The Kennedy administration was unable to secure passage of most of its major social legislation. However, it did establish a policy agenda for the succeeding presidential administration, including civil rights legislation, the Food Stamp Program, Medicare, federal aid to public schools, and progressive tax reforms (Axelson, 1998). Initiatives were modified and enacted by Lyndon B. Johnson after Kennedy was assassinated in 1963. During his administration, Johnson invested considerable amounts of time in the legislative process. Consequently, his War on Poverty experienced incredible success in social policy that was unprecedented in American history (Axelson, 1998; Jansson, 2000).

The Nixon, Ford, and Carter administrations were relatively conservative eras, and there was very little in the way of major social reforms, despite emerging social and economic pressures that pushed for government intervention. Under the Nixon administration, a Senate subcommittee hearing proposed legislation focusing on children and families, although proposed legislation was never meant to be federally financed (Ferrante, 1995). Instead, the National Foundation for Child Development provided funds to support research that was evaluatory in nature and aimed at determining the broadest possible range of consequences for families participating in existing federal programs (Bane & Ellwood, 1994; Jansson, 2000). Moreover, during this administration, interest in family policy was manifested in a variety of new academic programs across the country related to family policy studies. Strauss and Howe (1990) have reported that although family policy was unveiled as a major policy issue, it lacked a theory to explain and guide public intervention (Blank, 1989).

In contrast to President Johnson's approach to poverty, civil rights, and welfare, no tentative proposal of how government action would actually facilitate change accompanied Carter's plan for a national family policy (Schorr & Moen, 1979; Sussman, 1980). Throughout the Carter administration, ideological disputes between extreme bipartisan interest groups highlighted much of the discussion that took place and dominated most of what was reported in the national media (Jackson, 1997). The Carter administration sought to appease Catholic bishops who believed the administration was not sufficiently opposed to abortion. As a result, the Carter administration promised to plan a profamily policy and to hold a White House conference on the family (Coontz, 1992; Schorr & Moen, 1979). These ideological disputes came to a peak during the Reagan administration, which began with a conservative political agenda. It also included dismantling existing welfare programs initiated more than a half century earlier during the New Deal era (Bryner, 1988; Fine, 1992a; Mulder, 1979).

Endorsed by the new Christian Right and other advocates of a profamily program, the Reagan administration's view of how government could encourage family well-being was different from that of its predecessors (Cherlin, 1988; Pankhurst & Houseknecht, 1983). In this case, the approach to problem solving reinforced the notion that the difficulty or problem lay within the family. For example, the conservative response was to push for the enactment of measures designed to restore traditional family values in American life (Golden, 2001; Jewell, 1988). Most significant to the conservative agenda was the promotion of the patriarchal nuclear family (Cherlin & Gill, 1993). This meant opposition to gay rights, no-fault divorce laws, and reduced government subsidies for abortion, contraceptive services, and child care (Elder, 1985; Pankhurst & Houseknecht, 1983; Tropman, 1998). When comparing the social realities with the administration's ideals, conservatives and progressives waged combat over explicit family policies (Aldous & Dumon, 1990; Barancik, 1990b; Blank, 1991). Controversy on both sides centered on the effectiveness of government intervention to promote family well-being, with virtually no agreement about how to move in any particular direction to support the nation's most vulnerable families (Cherlin, 1988; Fine, 1992b). By the mid-1980s, scholars, policy makers, and the press began to report startling findings on the plight of many families living in the United States (Aldous, 1990, 1991; Greenstein & Barancik, 1990; Moynihan, 1989b; Scanzoni & Arnett, 1987).

In time, conservatives demonstrated substantial political power, which influenced the Reagan administration's White House Conference on Families. By selecting persons who shared their views, both the Reagan and the Bush administrations oversaw wide-sweeping congressional legislation for 12 years (Barancik, 1990b; Conger et al., 1990; Ehrenreich, 1989; Greenstein & Leonard, 1991; Philips, 1990). In effect, antiabortion, profamily activists suggested that the solution to the problems experienced by many impoverished families living in the United States would disappear with a return to traditional American values (Pankhurst & Houseknecht, 1983). This was described as a return to the "good old days," when the husband was head of the household and the wife fulfilled her role as the homemaker (Coontz, 1992). According to some observers, this was the conservative response to the hardships experienced by both dual-wage and single-parent families. Moreover, conservatives believed it was a reliable solution for preventing divorce and other perceived forms of family dysfunction (Blank, 1993; Coontz, 1992; Food Research and Action Center, 1989; Inclan & Ferran, 1990; Tropman, 1998). Meanwhile, Congress authorized the establishment of the House Select Committee on Children, Youth, and Families (Jansson, 2000). Despite their inclusion in the title, families were not given priority attention (Kagan & Weissbourd, 1994; Pardeck, 1990). Many of these economic policies had a dramatic impact on U.S. families. Most significant were the economic policies that exacerbated inequality and increased the gap between the wealthy and the poor (Barancik, 1990a; Bryner, 1988; Elder & Caspel, 1988; Jansson, 2000; Jewell, 1988; Philips, 1990; Sklar, 1995).

The justification used for implementing these wide-sweeping policy reductions was the federal government's need to increase its national and federal military defense efforts, requiring state and local governments to take responsibility for providing and disseminating welfare monies (Curran, 1985; Sklar, 1995). Subsequently, the Reagan and Bush administrations withdrew federal monies from programs that had previously aided the needy, programs such as AFDC, day care support, subsidized housing programs, unemployment compensation, hot school lunch programs, college grants for historically disadvantaged students, Medicare, and Social Security (Coles, 1986; Greenstein & Barancik, 1990; Greenstein & Leonard, 1991, 1992). Although the burden of the needy shifted to the states, most state and local governments resisted raising taxes for welfare (Committee on Economic Development, 1987). The result was that the poor were less likely to receive adequate food, clothing, shelter, and medical care (Greenstein & Leonard, 1992; Moynihan, 1990; Scanzoni, 1987; Scanzoni & Arnett, 1987; Schorr, 1980).

During this period, the Urban Institute reported a significant rise in the homeless population (cited in Meyer, 1984). With an estimated 600,000 homeless residing in major U.S. cities, 15% were children whose families had an average monthly income of $135.00, which is less than one third of the federal poverty level (Coles, 1986; Greenstein & Leonard, 1992). In time, Congress enacted the Stewart B. McKinney Homeless Assistance Act for the purpose of creating homeless shelters. However, state funds were delayed because of federal-level, red tape construction costs (Cherlin & Gill, 1993). Although the Bush administration was more responsive than the Reagan administration had been to a host of social problems, the Bush administration's policies were fundamentally the same. Moreover, because Democrats had larger majorities in Congress, the Bush administration accepted larger spending increases in a number of social programs (Cherlin & Gill, 1993; Jansson, 2000).

During the early 1990s, the last decade of the 20th century, many questioned whether resources could be identified to treat the vast array of social problems as the nation moved into the 21st century (Conger et al., 1990; U.S. Bureau of the Census, 1994; Wisensale, 1992). It is not surprising then that during his presidential campaign, Clinton promised to reform the health care system, as well as create a national family policy. Although the Clinton administration was unsuccessful in passing a national family policy, it was able to enact some social reforms in its first 3 years (Blank, 1994a). Approved for all 50 states, five U.S. territories, and the District of Columbia, the Children's Health Insurance Program (SCHIP) was the largest single expansion of health insurance coverage for children in the past 30 years (Kahn & Kamerman, 1996; Lamison-White, 1996). The SCHIP was designed to reach children from working families with incomes that were too high to qualify for Medicaid but too low to afford private health insurance. The SCHIP set aside $24 billion for states to provide health coverage for children for no more than 5 years (Kamerman & Kahn, 1998; Lamison-White, 1996). States were able to use part of their federal funds to expand outreach and ensure that children eligible for Medicaid and SCHIP were enrolled. Having inherited the previous administration's budget, another challenge was to develop an economic policy (Kagan & Weissbourd, 1994).

However, the tide changed in 1995 when Republicans gained control of Congress (Jansson, 2000). Led by Speaker of the House Newt Gingrich, both the House and Senate proceeded to advance a conservative agenda. Central issues included the size and priorities of the national budget and the nation's commitment to entitlements such as AFDC and Medicaid. Shortly thereafter, the Clinton administration made a compromise between liberals and conservatives so that on August 22, 1996, it signed into law a bipartisan welfare reform titled the Personal Responsibility and Work Opportunity Reconciliation Act. Under this welfare reform act, federal and state TANF dollars are limited to families that include a child or expectant mother (Lamison-White, 1996). Able-bodied recipients between the ages of 18 and 50 with no dependents are required to be employed or engaged in work programs at least 20 hours per week to be eligible for food stamps. With few exceptions, eligibility for all recipients is limited to 2 years and a total of 5 years over a lifetime (Lamison-White, 1996; Sennot, 1996).

Individuals are exempt from this time limit, however, if they live in an area with more than 10% unemployment (Kahn & Kamerman, 1996; Sennot, 1996). Exclusionary criteria also exist. First, assistance cannot be provided to families that have already received assistance under any of the programs for a cumulative total of 60 months. Second, unmarried teen parents are required to stay in school and live at home or in an adult-supervised setting to receive assistance. Third, persons convicted of a drug-related felony are banned for life from TANF and the Food Stamp Program, although each state can opt out of the ban or limit it. Fourth, parents who do not cooperate with child support enforcement requirements including paternity establishment receive a reduced benefit or may lose it entirely. In addition, no more than 15% of each state's TANF grant can be used for administrative costs. However, state dollars that are a part of the federal TANF program are not subject to these restrictions, except for child support enforcement requirements (Kahn & Kamerman, 1996; Lamison-White, 1996; Sennot, 1996). In addition, programs funded outside of TANF and funded by expenditures of state funds are not subject to any of these restrictions (Golden, 2001; Jansson, 2000; U.S. DHHS Office of Family Assistance, 1998). Possessing a broad flexibility in operating welfare reform programs, each state took this general formulae and adjusted it to meet its particular needs (Golden, 2001; Jansson, 2000; Kahn & Kamerman, 1996; Lamison-White, 1996; Sennot, 1996; U.S. DHHS Office of Family Assistance, 1998).

CURRENT TRENDS: HOW FAMILIES ARE FARING

Overall, the welfare caseload ("The Drawer People," 1997; Urban Institute, 1996) fell from 14.1 million recipients in January 1993 to 6.3 million in December 1999, a drop of 56%. This is the largest welfare caseload decline in history and the lowest percentage of the population on welfare since 1965 when President Johnson declared the War on Poverty (Golden, 2001; Jansson, 2000; Scanzoni & Marsiglio, 1993). By the end of 1999, all states were reported to have met the overall participation rate for single-parent families, and 37 of 50 states including the District of Columbia subject to the two-parent work activity rate met the goal. In 1999, each state was required to have 35% of all single-parent families engaged in a work activity for a minimum of 25 hours per week. Ninety percent of all two-parent families were required to be employed for a minimum of 35 hours per week. Consequently, the work activity rates for single-parent families were projected to increase 5% each year to 50% by 2002. For two-parent families, the work activity rates were projected to increase to 90% (Lamison-White, 1996; Nightingale, Tratko, & Barnow, 1999).

Although welfare rolls were indeed reduced, were former welfare recipients better off than they were before 1996, and if so, were they placed in a position to better their economic and employment situations? On examination, welfare-to-work legislation and the requirements institutionalized by the federal government appear to have been created with short-term guidelines. Policy makers did not take into consideration regional issues, how welfare reform would make resources available at the local level on a long-term basis, or how to deal with families when they were unable to meet the eligibility criteria set forth by state mandates (Bos et al., 1999; Children's Defense Fund, 1998; W. J. Wilson, 1996). Family recipients have reported a lack of guidance that might otherwise enable them to sustain employment while tending to the care of their children on very low wages (Blank, 1996; Deprez, Hastedt, & Henderson, 2000). Recipients have also reported a lack of communication with regard to being informed about eligibility criteria beyond the preliminary 2-year period, according to several state studies (Blank, 1997; Golden, 2001; Jansson, 2000; U.S. DHHS Office of Family Assistance, 1998). In addition, families have reported being penalized because of their inability to complete required activities and subsequently denied cash assistance through little or no fault of their own (Elder, 1995; Golden, 2001; U.S. DHHS Office of Family Assistance, 1998). One retired state official noted that half of penalized parents had participation barriers that should have been assessed but were not (Kamerman & Kahn, 1997). Similarly, in a state-funded study, Utah families reported being denied assistance when they failed to participate in required activities: 23% indicated they had failed to participate due to a lack of transportation, 18% due to lack of child care, 43% due to a health condition, and 20% due to mental health issues (Food Research Action Center, 1996). In Iowa's welfare reform experiment, the majority of families who were punished for failure to meet welfare-to-work requirements told researchers they did not understand the requirements (Cohen, 1998; Kamerman & Kahn, 1998). In Minnesota, case managers found that penalized families were twice as likely to have serious mental health problems, three times as likely to be intellectually impaired, and five times more likely to have family violence problems when compared with other recipients (Golden, 2001).

Studies compiled by the National Governors' Association (as cited in Children's Defense Fund, 1998) found that in nine different states across the nation, 40% to 50% of single- and two-parent families who left TANF were not employed at the time of the study. Moreover, each of the states surveyed reported having no outreach efforts to inform parents of continued eligibility for child care assistance after welfare. Even applying for cash assistance became more difficult (Kamerman & Kahn, 1998; Lamison-White, 1996). Contributing to these hardships were policy and implementation failures at the local, state, and federal levels. For example, only a small fraction of former welfare recipients' new jobs actually paid above poverty wages. Moreover, most of the new jobs paid far below the poverty line according to an analysis of national survey data (Dumka, Roosa, & Jackson, 1997; W. J. Wilson, 1996). By March 1998, only 8% of the previous year's recipients had jobs that paid weekly wages above the three-person poverty line, barely up from 6% in March 1990 (Children's Defense Fund, 1998; Tropman, 1998). Counting other household members' earnings did little to improve this trend, as the proportion of recipients with combined household earnings above the three-person poverty line hit its lowest level in 5 years (Golden, 2001; E. O. Wilson, 1998).

Perhaps the most significant problem in moving people from welfare to work was the lack of adequate transportation services among those who did not own a vehicle (Cohen, 1998). For example, many of the welfare recipients involved in a 1997 federal hearing lived in the inner city, whereas the available jobs were in the suburbs. Conversely, in rural areas, individuals reported having to travel long distances to their jobs, and public transit routes were either inadequate or nonexistent (Deprez et al., 2000). Individuals working off-peak hours often had no access to public transit whatsoever. Moreover, coordinating transportation with child care and work posed special challenges for working mothers with young children (Kahn & Kamerman, 1998; U.S. General Accounting Office, 1997). In Wisconsin's 1996 welfare experiment, two out of three former AFDC recipients reported lower incomes 5 months after leaving welfare even when they counted employer-reported earnings and AFDC food stamps (Bos et al., 1999).

Extreme poverty also grew for children, especially those in female-headed and working families. Consequently, the number of children living below one half of the poverty line (i.e., less than $6,401 for a three-person family) grew by 400,000 between 1995 and 1997 (U.S. DHHS Office of Family Assistance, 1998). Although this increase was relatively small, it came at a time of strong economic growth, when child poverty rates should have declined. Many families who left welfare also reported struggling to obtain food and experienced hardships related to shelter, including the inability to acquire needed medical care (Center on Hunger and Poverty, 1997). Similarly, a South Carolina study found that after leaving welfare, former (family) recipients found that their new, low-wage jobs gave little protection from hardship. Specifically, 1 in 6 (17%) former AFDC recipients was unable to pay for food after leaving welfare, 1 in 4 (29%) was unable to pay the rent or mortgage, 1 in 3 (37%) fell behind on utility bills, and 1 in 10 (9.7%) was unable to obtain needed medical care. In Idaho, self-report surveys were sent to former AFDC recipients. Findings revealed that 1 in 3 recipients faced uncertain housing situations that were often contingent on changes in his or her eligibility benefits (Edin & Lein, 1997). There were signs of increased homelessness in other communities as well. In Atlanta, nearly one half of homeless families had lost TANF. In Los Angeles, 12% of homeless families surveyed attributed their homelessness directly to benefit cuts (U.S. DHHS, 1999). In one Wisconsin county, homelessness increased by 50% for women and their children but only by 1% for adult men, a group relatively unaffected by TANF (Bos et al., 1999).

Creative Responses to Welfare Reform

To illustrate the potential difference between empowering versus withholding support and assistance, some states have used their monies in creative ways (Gladding, 1997). For example, in Arizona, the Maricopa County Department of Human Services has operated a special transportation services program for low-income elderly and disabled individuals, including community action services, job training, and Head Start, for more than two decades (Jansson, 2000). In response to the 1996 Welfare Reform Act, Maricopa County expanded its program to serve TANF participants. The services covered not only work-related travel but also travel to child care. In a separate example, the state of Illinois created innovative and supportive programs for helping families find stable above-poverty employment (Golden, 2001; Kamerman & Kahn, 1996). For example, mothers who worked while leaving welfare still faced the federal 5-year limit on TANF. This was a hazard for families who could not survive on their low wages alone. Policy makers in Illinois resolved this problem by using state dollars to provide ongoing cash benefits to qualifying working families. In effect, the federal time-limit clock did not tick for these families because federal TANF dollars were not used.

In the state of New Jersey, the Child Assistance Program helped vulnerable families by providing reduced cash aid when parents worked at low wages and had a child support order for at least one child (Camasso et al., 1996; Goertzel & Young, 1996). Findings from a 5-year evaluation of a similar child assistance program in New York showed increased numbers of working parents, substantial increased earnings, and reduced federal, state, and local government costs (Greenberg, 1999). To improve access to higher education, California included $65 million in its 1997-1998 budget for community college programs targeted to meet the needs of parents on welfare (Zellman et al., 1996). Known as CalWorks, funds could be used for child care, more work-study job slots, a redesign of curriculum, and job placement services. For families with multiple barriers to employment, several communities followed the lead of Chicago's highly individualized Project Match, which guides a parent steadily toward work (Lamison-White, 1996). Steps along the way included arranging for child support enforcement help, signing up for psychological counseling, or helping out at their child's school (Grubb, 1996; Jansson, 1999). Project Match maintained ties with clients in and out of employment and helped them to regroup if a job was lost. It also operated a fleet of passenger buses to transport low-income residents of Chicago's West Side to suburban jobs. In a similar fashion, two Oregon communities located in economically depressed timber industry areas required that employed residents travel 50 miles to the nearest job. Twenty-eight volunteers operated vanpools to jobs in the cities and helped deliver community members without transportation to medical services or shopping (Greenberg, 1999). The project was run in cooperation with the local county departments of health and social services and area school districts (Children's Defense Fund, 1998). For families who have not been well served by existing health, education, and social service systems, this last section has offered clues that may lead to effective service for practicing clinicians. It is important that clinicians consider the present system of welfare reform as an important element influencing the mental health and emotional well-being of vulnerable families seen in the clinical setting. Moreover, one's knowledge of how regional and local groups are actively involved in such empowering transformation processes is needed.

CONCLUSION

Families are critical to the nation, as economic systems, child-rearing systems, and adaptive systems that respond to changing conditions and circumstances while simultaneously satisfying the unique needs of their members (Gladding, 1997; MacCluskie & Ingersoll, 2000). Historically, welfare laws and related social policies have largely reflected the prevailing myths that society holds about the poor, including how the family is defined and the expectations of men and women both in and outside the home. The reality is that families are imbedded in society, governmental laws and policies, economic forces, population factors, and prevailing ideologies that have both a direct and indirect impact. Although the seven-decade-old welfare system was replaced by welfare reform, it appears there still exists the need for an alternative system that allows families to obtain income above the U.S. poverty line. Yet for various institutional reasons, the United States does not have a comprehensive or coherent family policy. In fact, no mention is made on the subject of the family in the U.S. Constitution. According to a number of social scientists (Aldous & Dumon, 1990; Bane & Ellwood, 1994; Jansson, 2000; Lipset, 1991; Moynihan, 1989b; Pardeck, 1990; Tropman, 1998), this absence has contributed to a vacuum at the national level in terms of coherent support programs aimed at empowering the family.

In this article, we presented a lesser known position on the controversial welfare reform law of 1996 and its impact on vulnerable families living in the United States. We contend that many social policies and welfare reforms have minimized some of the negative economic consequences of family decline, which appear to be causing harm to the family unit in other ways. Parallel to this, we reported on some of the common attributes found among successful programs implemented at local levels across the United States. If a high-quality national family policy is to reach vulnerable families in America, the delivery of services must begin to be organized to reflect, first and foremost, the needs of those being served (Lipset, 1991; Toffler, 1974). This would require a new ethos, a different culture of service delivery. Fundamental changes would need to be made in how frontline advocates, including clinicians, are trained and supported; how programs are held accountable; how services are financed and organized; and how resources are allocated. Building to this end is the real work of welfare reform.

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